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DEPARTMENT OF PUBLIC HEALTH, NEW SOUTH WALES



REPORT

OF THE

DIRECTOR-GENERAL

OF

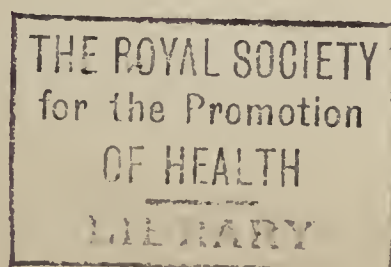
PUBLIC HEALTH

NEW SOUTH WALES

1952

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DEPARTMENT OF PUBLIC HEALTH, NEW SOUTH WALES

OFFICE OF THE DIRECTOR-GENERAL OF PUBLIC HEALTH,
93 Macquarie Street and 52 Bridge Street, Sydney.

Members of the State Board of Health, 1952.

Dr. E. S. Morris (President); Dr. H. G. Wallace; Dr. Cecil Purser; Dr. C. J. M. Walters; R. J. Hawkes, Esq.; A. E. Dunn, Esq.; J. Smith, Esq.; Miss M. Grove; Mrs. C. M. Melville; Mrs. E. G. Clancey.

Administrative Staff.

Director-General of Public Health and Commissioner for Venereal Diseases: E. Sydney Morris, M.D., Ch.M., D.P.H.

Deputy Director-General of Public Health and Senior Medical Officer of Health: Hugh Gilmour Wallace, M.B., B.S., D.P.H.

Metropolitan Medical Officer of Health: John Grahame Drew, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H., D.T.M., D.T.H., F.R.San.I.

Assistant Medical Officers of Health: Bruce Robson Overend, M.B., Ch.M., D.P.H., D.T.M., D.T.H.; Hugh Croft Johnston, M.B., B.S., D.P.H.

Secretary: Gordon Alfred Loughrey.

Divisions and Branches.

The following divisions are controlled by the Director-General of Public Health:—Maternal and Baby Welfare; Tuberculosis; Social Hygiene; Industrial Hygiene; Government Medical Officers for Sydney; Medical Officers of Health, Metropolitan, Newcastle, South Coast, Mitchell, Richmond-Tweed, and Broken Hill Districts, Microbiological Laboratory, Chemical Laboratory; Health Education; Pure Food, Sanitation, &c.

The Hospital Division comprises The David Berry Hospital, three State Hospitals and Homes, Waterfall Sanatorium (Tuberculosis) and Auxiliary at Randwick, Strickland Convalescent Hospital, Vacluse.

Legislative Enactments.

The Minister of Health is charged with the administration of the following Acts, for the promotion of the Public Health, execution of which is left to the Director-General of Public Health and the staff working under his control:—Food Preservation by Sulphur Dioxide Enabling Act, 1920; Noxious Trades Act, 1902; Private Hospitals Act, 1908; Public Health Acts, 1902-1944; Pure Food Act, 1908; King George V and Queen Mary Maternal and Infant Welfare Foundation Act, 1937. Burials in closed cemeteries and the exhumation of bodies for the purpose of re-interment, &c., are also dealt with.



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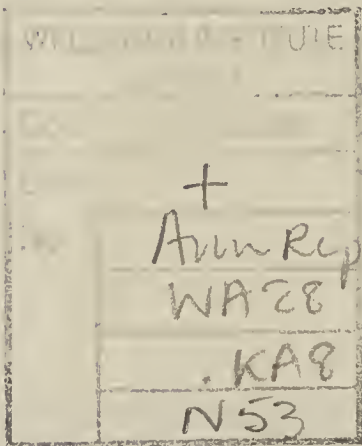
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Report of the Director-General of Public Health to the Honourable the Minister for Health (The Hon. M. O'Sullivan, M.L.A.)

Dear Sir,

I have the honour to present my report on the work of this officer for the year ended 31st December, 1952.

Vital Statistics.

Vital statistics of New South Wales for the year 1952 have been prepared by the Government Statistician, Mr. S. R. Carver.

The population at the end of 1952 was 3,421,768. During the year the increase in population by excess of births over deaths, was 42,158 and by migration 20,850, making a total increase for the year of 63,008. Total live births was 74,196, equivalent to 21.88 per 1,000 of the mean population, which rate is 1.8 per cent. below the average of the previous five years. The number of stillbirths registered was 1,195, equal to 0.35 per 1,000 of the population. Deaths during the year numbered 32,038, equivalent to a rate of 9.45 per 1,000 of population. The rate is 2 per cent. below the average of the previous five years. The number of children under 1 year of age who died was 1,818, equal to 24.50 per 1,000 live births. Again the rate for the Metropolis was considerably lower than that for the remainder of the State. The infantile mortality rate for 1952 is 13 per cent. below the average of the previous five years.

Infectious Diseases.

Six diseases, viz.: infantile diarrhoea, rheumatic fever, chorea (rheumatic), ancylostomiasis, dengue fever and ornithosis were added to the list of notifiable diseases under the Public Health Act, 1902-1952, on the 11th July, 1952.

Typhoid Fever.—In 1952 there were fifteen cases and one death notified, compared with twelve cases and one death in 1951.

Scarlet Fever.—Nine hundred and twenty-three cases and no deaths were notified during 1952, compared with 806 cases and three deaths in 1951.

Diphtheria.—The incidence of this disease shows a still further decline, with 266 notifications and fourteen deaths as against 362 notifications and twenty-one deaths in 1951.

Infantile Paralysis.—The epidemic experienced in 1951 (1,528 cases and 134 deaths) was not repeated in 1952, although the disease was maintained at a high endemic level (414 cases with forty-two deaths).

Tuberculosis Division.

During 1952 many of the plans envisaged in the Commonwealth-State Agreement were implemented, and as a result the activities of this Division continued to expand. The Public Health (Amendment) Act, 1952, was of significant importance. It empowered the Government on the recommendation of the Board of Health to require all persons over the age of 14 years to submit themselves to radiological examination of their lungs, and it also made provision for extension of notification to the suspect case of tuberculosis.

The chest X-ray centre was opened at the Division's Headquarters in July. In the succeeding six months 15,595 persons were X-rayed at this centre, 117 of whom were considered to have active tuberculosis. In addition to this free unit, mobile

X-ray surveys were carried out at mental hospitals and in four (4) country towns.

The Section of Epidemiology completed its first year of activities and mass surveys were carried out at eight (8) country centres on children of school leaving age. Seven special surveys were conducted in schools where a teacher or child was found to be suffering from tuberculosis.

Division of Social Hygiene.

The cases of venereal disease notified in this year showed a still further decline, and the number of notifications (1,646) is the lowest recorded since the Venereal Diseases Act, 1918, came into force in December, 1920. There was an increase of forty-three in the number of notifications for syphilis (486) for 1952 compared with 1951. This disease contributes 30.1 per cent. of the total notifications as compared with 25.2 per cent. in 1952. The incidence in this year is 14.3 per 100,000 of the mean population as against 17.3 in 1951, 19.3 in 1950, and 7.1 in 1944. The prophylactic facilities of the clinic are still widely used and 18,788 treatments were given during the year.

Consultative Council for the Physically Handicapped.

This Council continues to investigate and assist in matters relating to treatment and after-care of poliomyelitis patients, and to arrange for vocational training for other physically handicapped persons. Eight meetings were held during the year. The total expenditure on after-care was £3,356 1s. 5d. mainly in assistance for physiotherapy services. There was a large increase in requests for financial assistance as an aftermath of the epidemic of poliomyelitis in 1951.

Pathological Laboratories.

There was an overall increase in the volume of work being carried out by this Division. This is reflected in the total number of laboratory examinations for 1952 (79,803) as against 65,279 for 1951. The increase was mainly in serology, biochemistry and histopathology, the latter two sections experiencing a record year. This Division is experiencing difficulty in coping with the quantity of work submitted because of inadequate laboratory accommodation.

Division of Industrial Hygiene.

This Division is now located at 86-88 George Street North, in probably the best housed and best equipped industrial hygiene unit in New South Wales. The two investigations arising out of the 1949 Royal Commission of Enquiry into the Gas Industry have now been completed. The report on the health of employees in gas production was printed and distributed during the year, and the investigation into the health hazards in gas distribution is now being printed, and should be available for distribution in 1953. Another important survey was commenced during 1952 into the incidence of pneumoconiosis in those employed in the manufacture and use of asbestos compounds. Of the 109 examinations so far completed four cases of asbestosis have been discovered. Four hundred and twenty-eight employees engaged in lead trades were examined during 1952 for evidence of lead poisoning, thirteen of whom were found to be suffering from this condition. The problem of atmospheric pollution is engaging

the attention of this Division and one member of the staff is making an extensive study of the subject and acting also as adviser to the Wollongong Smoke Abatement Committee.

Food Inspection.

The work of the Food Inspection Branch includes the supervision of all places where food and drugs are prepared, stored or exposed for sale, together with the duties required to be carried out in order to secure compliance with the Pure Food Act and Regulations.

Considerable quantities of food and drugs in a deteriorated condition were seized by officers of the branch. Included in the amount destroyed under supervision were 138 tons, 54,865 tins, and 2,039 other packages. In addition, 12,787 poultry in a diseased or emaciated condition were also destroyed.

Twelve thousand nine hundred premises used in the preparation, storage and sale of food were also inspected during 1952. In all 754 prosecutions, under the Pure Food Act, were lodged by this branch, resulting in fines and costs totalling £3,899 6s 6d.

Sanitation Branch.

Routine and special inspections were carried out in the metropolitan and country districts, including 813 inspections of Noxious Trades premises. During the year the provisions of the Noxious Trades Act were extended to the Narrandera Municipality and the Shires of Yanco, Carrathool and Snowy River. One hundred and twelve surveys and 219 check surveys of land considered unfit for building purposes were made. Enquiries from solicitors and others relating to notified land totalled 25,992 and these were revenue producing to the extent of £6,493. Special investigations were made by departmental officers regarding flood damage and action to be taken by councils in this regard at Wagga, Darlington Point, Forbes, Canowindra, Cowra and Gooloogong.

Private Hospitals.

There was a still further decrease of sixteen in the number of private hospitals licensed during 1952 as compared with 1951. The number of licensed hospitals in the State is now 180, representing a bed capacity of 2,713. Along with this persistent decline in the number of private hospitals, convalescent homes continue to increase and flourish. There is a tendency for the latter to usurp the functions of private hospitals, and constant departmental vigilance is required in this regard. The accommodation standards and appointments in many of these convalescent homes is most unsatisfactory.

Medico-Legal Sections and Hospital Admission Depot.

A brief report on the year's activities has been submitted by the Government Medical Officers to Sydney and Newcastle. Two thousand five hundred and twenty-six vaccinations against smallpox were carried out in 1952. Officers from this section visit the Reception House daily, and in all, during the year, 1,612 cases were certified as insane.

Health Education and Propaganda.

The special vote for health propaganda for 1952-53 was £15,500, an amount of £4,500 less than that allotted during the previous financial year. As a consequence the extent of the publicity campaign had to be restricted.

Two large stands were displayed at the Health Exhibition at the Sydney Town Hall during National Health Week in October of this year. One stand publicised tuberculosis activities of the Department, and the other dealt with cancer, cleansing of food utensils, diphtheria and nutrition. The Department assisted the Leichhardt, Lithgow and Goulburn councils to conduct health exhibitions, by supplying posters, pamphlets, booklets, films, screen slides, etc.

In 1952, 905,990 publications on health matters were printed by the Department, of which 601,807 were distributed.

Nutrition Section.

Articles and radio scripts were prepared each week for metropolitan and country newspapers. Talks on nutrition and food values were given to various citizen groups and practical demonstrations were given at meetings of Agricultural Bureaux and Junior Farmer Clubs in country districts. Lectures were also continued to trainee teachers at the Sydney Kindergarten Training College and the Sydney Day Nursery and Nursery Schools Association. Regular attendances were maintained at pre-natal clinics.

Division of Maternal and Baby Welfare.

The infantile mortality rate of 24.50 per 1,000 live births is the lowest ever recorded for New South Wales. As in previous years it is consistently lower in the metropolis than

in the remainder of the State. Similarly, the maternal mortality rate of 0.78 per 1,000 live births is the lowest ever recorded in this State.

There are now 295 baby health centres in New South Wales, of which eighty-three are in the metropolitan area. Under the existing policy ten new centres were established and occupied during the year 1952, eight of which—Belmont, Charlestown, Watson's Bay, Fairy Meadow, Turrumurra, Narra-been and Ramsgate were new buildings while Batlow, Erskineville and Mallanganee—were established in existing buildings. Fourteen new buildings replaced sub-standard premises at Blackheath, Hunter's Hill, Burwood, Geurie, Blayney, Hurlstone Park, Dubbo, Bathurst, Gloucester, Pennant Hills, Lidcombe, Wellington, Miller's Point and Taree. Three centres had additions to existing premises—Bigga, Port Kembla and Nowra. The baby health centre staff consists of three nurse-inspectors and a total strength of 190 trained nurses, 176 full-time, and part-time sisters equivalent to fourteen full-time sisters. Included in this total strength are 126 sisters-in-charge and twenty-nine assistant sisters. The attendance at the baby health centres for the year were 102,157 individual attendances, and 1,061,371 total attendances.

In 1952 twenty-nine kindergartens and sixteen nursery schools were visited by medical officers of this Division. In all 274 visits were paid to pre-school centres, and 3,397 children were examined and 1,147 mothers interviewed.

School Medical Service.

During 1952 the activities of the Service were again expanded. A greater load was placed on the Service, due to an increase in the school population and a large expansion in the teaching service and the number of students admitted to training colleges. Medical examinations were carried out under difficult and unsatisfactory conditions. With the exception of a few schools, no special accommodation is provided for visiting medical officers or dental officers. In this year 137,648 full examinations were conducted and 30,730 children were reviewed, 32.7 per cent. of children fully examined had defects of a notifiable standard. There are four Child Guidance Clinics administered by this service. One clinic is located at Yasmar Boys' Shelter for investigation of boys referred from the Children's Courts. Girl delinquents are referred to the other three clinics. At the beginning of 1952, five full-time speech therapists were appointed to the Service. With the co-operation of the Department of Education speech therapy clinics were opened at the following schools:—Glenmore Road, Clovelly, Waterloo, Darlington and Camperdown. Each clinic serves a group of schools. In addition to the speech therapy clinics, special clinics are maintained for the hard of hearing and asthmatic children. Special attention is also given by the School Medical Service to the investigation and examination of physically and mentally handicapped children.

Division of Dental Services.

This Division has two main functions, viz., school dental services and service to State hospitals and institutions including State penitentiaries. An advisory service to the Child Welfare Department is also maintained. The travelling dental clinics working in both city and country areas examined 26,921 children. Of these 8.45 per cent. had naturally sound mouths, while an additional 18.2 per cent. were found to have sound mouths as a result of treatment. The clinics treated in all 12,920 children. Permanent officers now carry out dental treatment at Kenmore Mental Hospital and at all Institutions in the metropolitan area with the exception of Broughton Hall. Part-time dental officers are still employed at country Mental Hospitals. A permanent dental officer, located at Long Bay Gaol, has been provided for service to the State penitentiaries and training centres. Visits are made as required to these institutions.

Health Districts.

Metropolitan Health District.—The estimated mean population was 1,797,660.

The infantile mortality rate for the year was 20.83 per 1,000 live births (1951—23.68), and the maternal mortality rate was 0.74 per 1,000 live births (1951—0.60). Deaths numbered 18,122, giving a rate per 1,000 of population of 10.15, practically identical with that of the previous year.

Again heart disease headed the lists of deaths with a rate of 3,756 per million of the mean population. Vascular diseases and cancer were next with rates of 1,476 and 1,429 per million of the mean population respectively.

There was a general decrease in the notification of infectious disease, and this was most evident with poliomyelitis of

which there were 185 cases and 14 deaths, as against 637 cases and 40 deaths in 1951.

Hunter River Health District.—The Medical Officer of Health reports that the chief feature for the year was the great expansion of industry with its ancillary problems of housing, and consequent over-taxation of essential services. Gastro-enteritis was prevalent during 1952 in this district, 40 cases of gastro-enteritis and 59 cases of dysentery being admitted to the Royal Newcastle Hospital. There were two deaths. The dysentery was mainly of the Sonn  type. There was no pronounced increase in notifiable infectious diseases during 1952.

South Coast Health District.—There was a decrease in the number of infectious diseases notified in 1952, and this was very evident in the case of acute anterior poliomyelitis. During the year a tuberculosis survey of all children of pre-school leaving age was conducted by the Division of Tuberculosis in co-operation with the Medical Officer of Health and the Local Authorities. Of the 1,453 children undergoing Mantoux examination, 13.7 per cent. were positive reactors. B.C.G. vaccination was given to the negative reactors. Diphtheria immunisation campaigns were conducted by six municipalities and three shires.

Mitchell Health District.—In the Mitchell Health District there was a decrease in all notifiable infectious diseases with the exception of scarlet fever, where there was a considerable increase in the number of notifications. In some of the hospitals in the district adequate provision has not been made for the accommodation of infectious diseases. Chest clinics were

opened during the year at Lithgow and Orange, the former in conjunction with the Joint Coal Board and the latter at the Orange Base Hospital. Routine matters under the Health Act, the Pure Food Act, the Local Government Act and the Noxious Trades Act have been dealt with in co-operation with the Local Authorities.

Richmond Tweed Health District.—The Medical Officer of Health reports a large increase in the numbers of diphtheria notified during 1952 as compared with 1951. Almost all the children so affected had not been immunised. There was a decrease in all other notifiable infectious diseases. Roundworm and hookworm still present a problem with coloured children, and it is intended to commence a full scale survey of the incidence of these two infestations.

A vigorous campaign of Health Education and publicity is being undertaken in this District, with the active co-operation of the Local Authorities, the editors of the local newspapers and the managers of the broadcasting stations.

Broken Hill and District.—There was an increase of 1,533 in the population compared with 1951. The incidence of all types of notifiable infectious diseases continues to be low, the total reported in 1952 being nine out of a population of 32,705. At the Anti-Tuberculosis Clinic, 199 new cases were investigated, and the total number of attendances at the clinic during the period of review was 462, a decrease of 168 when compared with those for the previous twelve months.

E. SYDNEY MORRIS,

Director-General of Public Health.

VITAL STATISTICS OF NEW SOUTH WALES FOR THE YEAR 1952.

(Prepared by the Government Statistician, Mr. S. R. Carver.)

Population.

The estimated population at the end of 1952 was 3,421,768, of whom 1,725,522 were males and 1,696,246 females. During the year the increase in population by excess of births over deaths was 42,158 and by migration 20,850, making a total increase for the year of 63,008. The estimated mean population for the year 1952 was 3,390,474.

Live Births.

The total number of live births was 74,196, equivalent to 21.88 per 1,000 of mean population, which rate is 1.8 per cent. below the average of the previous five years. Of this number 38,133 were males and 36,063 were females, the proportion being 105.74 males to 100 females.

Dividing the State into the Metropolis and the Remainder of the State, there were 29,167 births to mothers resident in the former and 45,029 in the latter, corresponding to rates of 18.05 and 25.37 respectively.

Still-Births.

The number of still-births registered was 1,195 (686 males and 509 females) which is 1.59 per cent. of all births, live and still, and equal to 0.35 per 1,000 of population. In the Metropolis there were 430 still-births, and in the Remainder of State, 765, representing 1.45 and 1.67 per cent. of all births, live and still, in the respective divisions.

Deaths.

The deaths during the year numbered 32,038 equivalent to a rate of 9.45 per 1,000 of population. This rate is 2 per cent. below the average of the previous five years.

The total includes 18,194 males and 13,844 females, equivalent to a rate of 10.64 and 8.24 respectively per 1,000 of mean population. The rate in the Metropolis was 10.32 per 1,000 and in the Remainder of the State, 8.65.

Of the 32,038 people who died during the year, 2,305 were under 5 years of age; 11,525 were aged 5 to 64 years and 18,208 were 65 years and over. The rates per 1,000 of population in the main groups under and over 5 years were 6.48 and 9.80.

Infantile Mortality.

The number of children under 1 years of age who died was 1,818, equal to 24.50 per 1,000 live births. To this total the Metropolis contributed 604 or 20.71 per 1,000 live births and the Remainder of the State 1,214 or 26.96 per 1,000 live births. The rate for 1952 is 13 per cent. below the average of the previous five years. Of the deaths under 1 year of age, 1,083 or 60 per cent. occurred under 1 week; 1,229 or 68 per cent. under 1 month and 1,376 or 76 per cent. under three months.

Causes of Deaths, 1952.

Classified in accordance with the SIXTH REVISION of the International Lists of Diseases and Causes of Death.

The statistics of causes of death for the year 1952 shown on pages 8 to 9 hereof are compiled in accordance with the

SIXTH REVISION of the International Lists of Diseases and Causes of Deaths and are not strictly comparable with similar statistics for the years 1940 to 1949 compiled in accordance with the FIFTH REVISION of the International Lists.

The principal causes of death in 1952 are shown in the statement on pages 8 and 9 and reference is made below to the more prominent of these causes.

Infective and Parasitic Diseases (International Code Nos. 001-138).—Deaths in 1952 from infective and parasitic diseases numbered 818, representing a rate of 241 per million of mean population. Included in this section is tuberculosis (Code Nos. 001-019), which was responsible for 495 of the deaths, equal to a rate of 146 per million of mean population. The deaths from tuberculosis comprised 453 from tuberculosis of the respiratory system (Code Nos. 001-008) and 42 from other forms of tuberculosis (Code Nos. 010-019), the rates per million of mean population being 134 and 12 respectively. Of the persons dying from tuberculosis of the respiratory system, 344 were males and 109 females, the rates per million of each sex being 201 and 65 respectively.

Malignant Neoplasms (Code Nos. 140-199) and Neoplasms of Lymphatic and Haematopoietic Tissue (Code Nos. 200-205).—Deaths from the above causes numbered 4,312, equal to a rate of 1,272 per million of mean population. The deaths of males numbered 2,264 and of females 2,048, the rates per million of each sex being 1,324 and 1,218 respectively. Of the total deaths, malignant neoplasms caused 4,005 and neoplasms of lymphatic and haematopoietic tissue 307, the mortality rate being 1,181 and 91 per million respectively.

Vascular Lesions Affecting Central Nervous System (Code Nos. 330-334).—In 1952, vascular lesions affecting the central nervous system caused 4,331 deaths, equal to a rate of 1,277 per million of mean population. This total comprised the following—

International Code No.	Cause.	Number of Deaths.
330	Subarachnoid haemorrhage	134
331	Cerebral haemorrhage	2,385
332	Cerebral embolism and thrombosis	1,545
334	Other and ill-defined vascular lesions affecting central nervous system	267
	Total	4,331

Of the total, 1,953 were males and 2,378 females, corresponding respectively to rates of 1,142 and 1,415 per million of mean population.

*Diseases of the Circulatory System (Code Nos. 400-468).—*Diseases of the circulatory system were the cause of 12,350 deaths, the rate being 3,643 per million of mean population. Of the total, 7,347 were males and 5,003 females, corresponding respectively to rates of 4,298 and 2,976 per million of each sex.

Of the total deaths due to diseases of the circulatory system, rheumatic fever and chronic rheumatic heart disease (Code Nos. 400-416) caused 339, equal to a rate of 100 per million.

Arteriosclerotic and degenerative heart disease (Code Nos. 420-422) accounted for 8,933 deaths, the mortality rate being 2,635 per million of mean population, deaths of males from this cause numbering 5,535 and females 3,398, the corresponding rates being 3,238 and 2,022 per million of each sex.

Other diseases of the heart (Code Nos. 430-434) caused 1,011 deaths, equal to a rate of 298 per million.

Hypertensive disease (Code Nos. 440-447) caused 1,394 deaths, the rate being 411 per million.

Deaths due to other diseases of the circulatory system numbered 673, equal to a rate of 198 per million.

*Bronchitis (Code Nos. 500-502) and Pneumonia (Code Nos. 490-493).—*In 1952, bronchitis was the cause of 289 deaths, comprised of 213 males and 76 females. Corresponding rate for males was 125, for females 45, and for persons, 85 per million of mean population.

Of the 1,104 deaths from pneumonia, 608 were of males and 496 of females, and respective rates were 326, 356 and 295 per million of mean population.

*Nephritis and Nephrosis (Code Nos. 590-594).—*During the year there were 975 deaths due to diseases of the genito-urinary system (Code Nos. 590-637), of which 601 were caused by nephritis and nephrosis. The mortality rate for nephritis and nephrosis was 177 per million of mean population, for males 191 per million and for females 164 per million.

*Mortality of Infants.—*The table on page 9 shows the number of deaths of children under 1 year of age and mortality rate per 1,000 live births for the principal causes of deaths.

CAUSES OF DEATH, NEW SOUTH WALES, 1952.

Inter-national Code No.	Cause of Death.	Number of Deaths.		
		Males.	Females.	Persons.
001-138	<i>Infective and Parasitic Diseases</i>	558	260	818
001-008	Tuberculosis of respiratory system	344	109	453
010	Tuberculosis of meninges and central nervous system	11	7	18
011-019	Tuberculosis, other forms	9	15	24
020-029	Syphilis and its sequelae	55	19	74
040-041	Typhoid and paratyphoid fever	1	...	1
045-048	Dysentery.....	6	3	9
050	Scarlet fever .....	...	...	...
052	Erysipelas.....	...	...	...
055	Diphtheria	5	9	14
056	Whooping Cough	3	6	9
057	Meningococcal infections	36	20	56
061	Tetanus.....	8	3	11
080	Acute poliomyelitis	21	21	42
081	Late effects of acute poliomyelitis .....	...	...	...
082	Acute infectious encephalitis	8	5	13
083	Late effects of acute infectious encephalitis	2	1	3
085	Measles	13	9	22
092	Infectious hepatitis	12	18	30
Residual	Other infective and parasitic diseases	24	15	39
140-239	<i>Neoplasms</i>	2,355	2,141	4,496
140-199	Malignant neoplasms	2,086	1,919	4,005
200-205	Neoplasms of lymphatic and haematopoietic tissue	178	129	307
210-239	Other neoplasms	91	93	184
240-289	<i>Allergic, Endocrine System, Metabolic and Nutritional Diseases</i>	263	368	631
260	Diabetes mellitus	122	244	366
280-286	A vitaminoses and nutritional deficiency states	16	15	31
Residual	Other allergic, endocrine system, metabolic and nutritional diseases	125	109	234
290-299	<i>Diseases of the Blood and Blood Forming Organs</i>	76	99	175
300-326	<i>Mental, Psychoneurotic and Personality Disorders</i>	114	47	161
330-398	<i>Diseases of the Nervous System and Sense Organs</i>	2,187	2,561	4,748
	Vascular lesions affecting central nervous system :—			
331	Cerebral haemorrhage	1,086	1,299	2,385
332	Cerebral embolism and thrombosis	665	880	1,545
330, 333, 334	Other.....	202	199	401
340	Meningitis, except meningococcal and tuberculous	41	21	62
343	Encephalitis, myelitis and encephalomyelitis (except acute infectious)	12	11	23
341-342, 344-398	Other disorders of the nervous system and sense organs	181	151	332
400-468	<i>Diseases of the Circulatory System</i>	7,347	5,003	12,350
400-416	Rheumatic fever and chronic rheumatic heart disease	149	190	339
420-422	Arteriosclerotic and degenerative heart disease	5,535	3,398	8,933
430-434	Other diseases of the heart	618	393	1,011
440-447	Hypertensive disease	708	686	1,394
450-456	Diseases of arteries	302	311	613
460-468	Diseases of veins and other diseases of circulatory system	35	25	60
470-527	<i>Diseases of the Respiratory System</i>	1,053	722	1,775
480-483	Influenza	41	52	93
490-493	Pneumonia	608	496	1,104
500-502	Bronchitis.....	213	76	289
470-475, 510-527	Other diseases of the respiratory system	191	98	289
530-587	<i>Diseases of the Digestive System</i>	632	481	1,113
540-545	Diseases of stomach and duodenum	180	73	253
550-553	Appendicitis	37	34	71

CAUSES OF DEATH, NEW SOUTH WALES, 1952—continued.

Inter- national Code No.	Cause of Death.	Number of Deaths.		
		Males.	Females	Persons.
	<i>Diseases of the Digestive System—continued.</i>			
560-561	Hernia of the abdominal cavity.....	50	28	78
570	Intestinal obstruction without mention of hernia	69	71	140
571	Gastro-enteritis and colitis except ulcerative, age four weeks and over.....	65	71	136
572	Chronic enteritis and ulcerative colitis	17	19	36
576-577	Peritonitis and peritoneal adhesions	11	2	13
581	Cirrhosis of liver	105	58	163
Residual	Other diseases of digestive system	98	125	223
590-637	<i>Disease of Genito-Urinary System</i>	606	369	975
590-594	Nephritis and nephrosis	326	275	601
610-612	Diseases of the prostate	182	...	182
600-609, } 613-637 }	Other diseases of the genito-urinary system	98	94	192
640-689	<i>Deliveries and Complications of Pregnancy, Child-birth and Puerperium</i> .....	...	68	68
640-649	Complications of pregnancy .....	...	27	27
650-652	Abortion—			
6502, 6512 } 6522 }	Criminal .....	...	10	10
Residual	Other.....	...	4	4
670-678	Complications of delivery .....	...	13	13
680-689	Complications of puerperium .....	...	14	14
690-716	<i>Diseases of the Skin and Cellular Tissue</i>	18	19	37
720-749	<i>Diseases of the Bones and Organs of Movement</i>	42	59	101
750-759	<i>Congenital Malformations</i>	238	177	415
760-776	<i>Certain Diseases of Early Infancy</i>	610	447	1,057
760-761	Injury at birth	157	87	244
762	Post-natal asphyxia and atelectasis	88	61	149
776	Immaturity unqualified.....	223	179	402
763-775	Other diseases of early infancy	142	120	262
780-795	<i>Symptoms, Senility and Ill-Defined Conditions</i>	437	398	835
794	Senility without mention of psychosis	386	366	752
780-793, } 795 }	Other symptoms and ill-defined conditions	51	32	83
E800-E999	<i>Accidents, Poisonings and Violence</i>	1,658	625	2,283
E800-E962	Accidents	1,339	515	1,854
E970-E979 } E963 }	Suicide and self-inflicted injury	285	94	379
E964, } E965, } E980-E999 }	Homicide and operations of war	34	16	50
001-E999	All Causes	18,194	13,844	32,038

CAUSES OF DEATH OF INFANTS UNDER 1 YEAR OF AGE, NEW SOUTH WALES, 1952.

International Code Number.	Cause of Death.	Number of Deaths.			Rate per 1,000 Live Births.		
		Males.	Females.	Persons.	Males.	Females.	Persons.
001-019	Tuberculosis	3	2	5	·08	·06	·07
020-029	Syphilis and its sequelae .....	...	...	...	...	...	...
057	Meningococcal infections	16	8	24	·42	·22	·32
080-081	Poliomyelitis .....	...	1	1	...	·03	·01
082-083	Infectious encephalitis .....	...	...	...	...	...	...
030-056, 058-074, 084-138	Other infective and parasitic diseases	15	8	23	·39	·22	·31
340	Meningitis, except meningococcal and tuberculous	18	13	31	·47	·36	·42
490-493	Pneumonia (age 4 weeks and over)	76	59	135	1·99	1·64	1·82
500-502	Bronchitis	9	9	18	·24	·25	·24
571	Gastro-enteritis and colitis, except ulcerative, age four weeks and over ...	33	26	59	·86	·72	·79
750-759	Congenital Malformations	165	124	289	4·33	3·44	3·90
7600, 7610	Injury at birth, without mention of immaturity	99	65	164	2·60	1·80	2·21
7605, 7615	Injury at birth, with immaturity	58	22	80	1·52	·61	1·08
7620	Post-natal asphyxia and atelectasis, without mention of immaturity	56	33	89	1·47	·92	1·20
7625	Post-natal asphyxia and atelectasis with immaturity	32	28	60	·84	·78	·81
7630	Pneumonia of newborn, without mention of immaturity.....	29	21	50	·76	·58	·67
7635	Pneumonia of newborn, with immaturity	5	7	12	·13	·19	·16
7640	Diarrhoea of newborn, without mention of immaturity	3	...	3	·08	...	·04
7645	Diarrhoea of newborn, with immaturity .....	...	1	1	...	·03	·01
7650, 7660, 7670, 7680, } 7690-7694, 7700-7702, } 7710, 7720, 7730 }	Other diseases of early infancy, without mention of immaturity	67	51	118	1·76	1·41	1·59
7655, 7665, 7675, 7685, } 7695-7699, 7705-7707, } 7715, 7725, 7735 }	Other diseases of early infancy with immaturity	31	35	66	·81	·97	·89
774	Immaturity with mention of any other subsidiary condition	7	5	12	·18	·14	·16
776	Immaturity unqualified.....	223	179	402	5·85	4·96	5·42
E800-E999	Accidents, poisonings and violence	32	24	56	·84	·67	·76
Residual	All other causes	69	51	120	1·81	1·41	1·62
001-E999	All Causes	1,046	772	1,818	27·43	21·41	24·50

SECTION 1.

A. COMMUNICABLE DISEASES, 1952.

NOTIFIABLE INFECTIOUS DISEASES RECORDED IN NEW SOUTH WALES DURING THE YEAR ENDED
31st DECEMBER, 1952.

Public Health Acts, 1902-1952.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the *Government Gazette*, declare that any disease therein named is an infectious disease.

Notifiable from—		Cases and Deaths Notified.					
		*1950.		*1951.		*1952.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid and Paratyphoid Fever	1st January, 1898	16	4	12	1	15	1
Scarlet Fever	1st January, 1898	1,052	1	866	3	923	...
Diphtheria or Membranous Croup	1st January, 1898	390	24	362	21	266	14
Bubonic Plague	23rd January, 1900	...	...	...	...	...	...
Acute Anterior Poliomyelitis	1st February, 1912	**	...	**	...	**	...
Meningococcal Infection	Definition repro-claimed	789	55	1,528	134	414	42
	14th August, 1931	...	...	...	...	...	...
	11th July, 1952 .....	...	...	...	...	...	...
Virus Encephalitis	11th October, 1915	98	21	99	17	161	56
	Definition repro-claimed						
	11th July, 1952						
Cholera	1st April, 1926	2	...	4	1	12	16
	Definition repro-claimed						
	11th July, 1952						
Typhus Fever	12th August, 1927	...	...	...	...	...	...
Yellow Fever	12th August, 1927	21	...	15	...	4	...
Puerperal Infection	12th August, 1927	...	...	...	...	...	...
Brucellosis	16th August, 1929	14	9	8	10	8	19
Leprosy	13th August, 1937	1	...	2	...	5	...
	Definition repro-claimed						
	11th July, 1952						
Tuberculosis (all forms)	25th February, 1938	1	...	4	...	1	...
Smallpox	14th May, 1945,	1,787	671	1,743	630	1,803	495
	Reproclaimed						
	26th September, 1952.						
Infantile Diarrhoea (diarrhoea of more than 48 hours' duration in an infant under 2 years of age).	17th September, 1948	...	...	...	...	...	...
Rheumatic Fever.....	11th July, 1952 .....	...	...	...	...	33	80
Chorea (Rheumatic)	11th July, 1952 .....	...	...	...	...	24	41
Ancylostomiasis	11th July, 1952 .....	...	...	...	...	1	...
Dengue Fever	11th July, 1952 .....	...	...	...	...	...	...
Ornithosis	11th July, 1952 .....	...	...	...	...	...	...
Total	.....	4,171	785	4,643	817	3,970	764
Population as at 31st December		3,278,026		3,358,760		3,421,768	

* As per VI International Classification. ** Compiled as from date of receipt of Notification.

Public Health Act, 1902.

A total of 3,970 cases of infectious disease was notified under the Public Health Act, 1902, during 1952, or 673 less cases than in 1951. The number of cases notified from the 147 municipalities, 134 shires, the unincorporated portion of the Western division; the deaths due to these infections; the age and sex of the patients; and the seasonal incidence of the various diseases are shown in appended Tables I-IX (pp. 12-26). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1952; and venereal diseases under the Venereal Diseases Act, 1918.

Public Health (Amendment) Act, 1952.

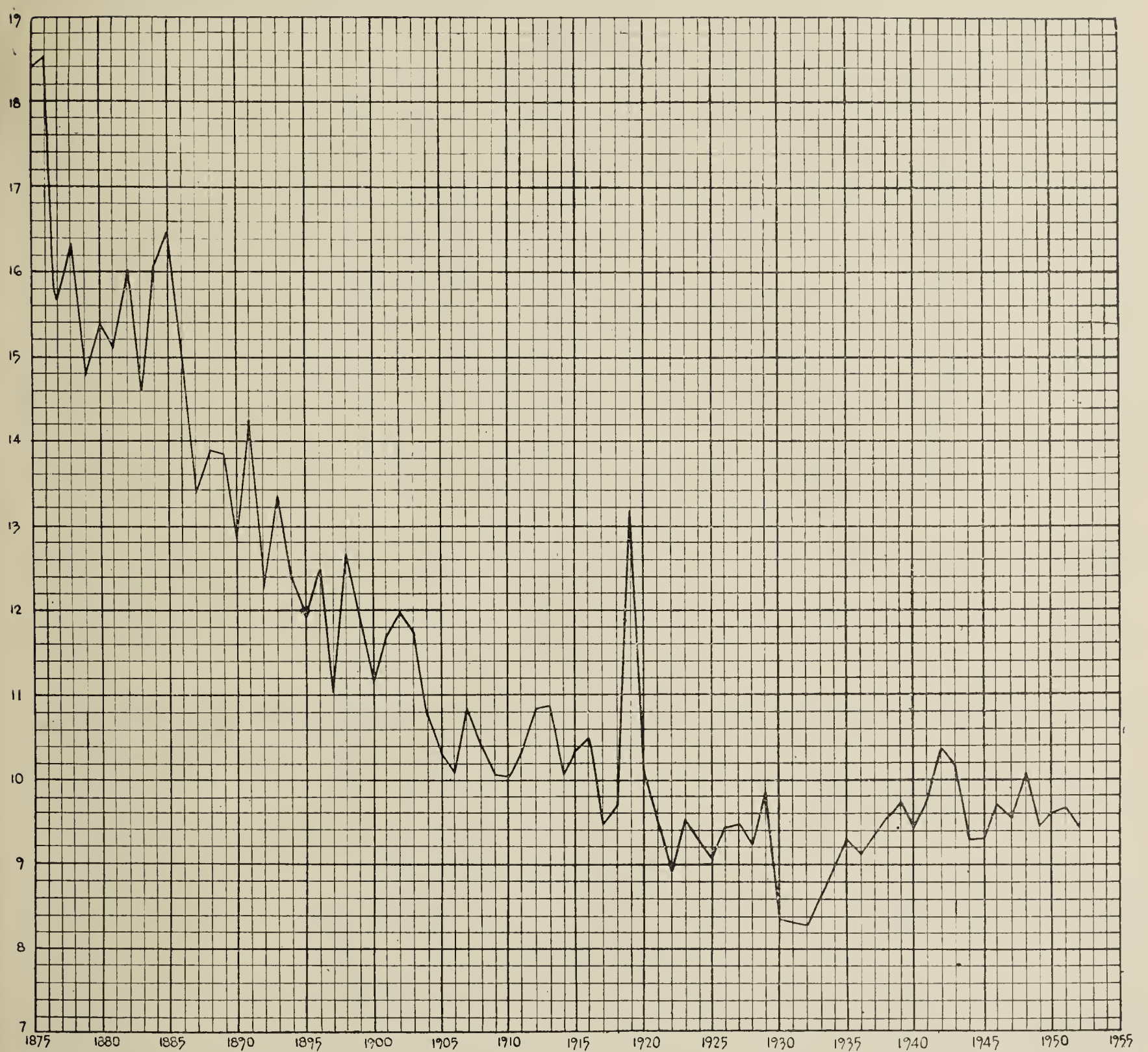
Pulmonary tuberculosis was made a notifiable disease under an amendment of the Public Health Act, 1915. In 1952 registered cases amounted to 1,803, an increase of 60 on the registrations received in 1951. There were 495 deaths, or a decrease of 135 compared with the deaths recorded in 1951. A survey by the Director of the Tuberculosis Division is on p. 59.

Venereal Disease Act, 1918.

Cases of venereal disease notified in 1952 numbered 1,646, a decrease of 115 cases on the number (1,761) received in 1951. The report of the Director of the Division is on p. 28.

GRAPH No. I.

Annual Death Rate per 1,000 of the Population in New South Wales 1875-1952.



From 1950 all death rates are compiled according to the VI International Classification.

TABLE I.—Notifiable Infectious Diseases—Cases and Deaths, each Local Area in the Metropolitan Health District—1952.

Municipality or Shire.	Estimated Mean Population.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Polio-myelitis.		Meningococcal Infection.		Virus Encephallitis.		Typhus Fever.		Rheumatic Fever.*		Brucellosis.		Infantile Diarrhoea.*		Puerperal Fever.		Tuberculosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
MUNICIPALITIES.																									
Sydney, City of	209,790	1	...	24	...	22	3	21	1	26	7	...	1	4	3	7	7	...	3	278	77
Ashfield	42,450	8	3	...	3	1	1	17	7
Auburn	47,560	1	...	5	...	1	...	5	1	8	1	1	1	...	1	42	14
Bankstown	77,760	12	...	6	...	12	1	8	2	1	2	1	38	8
Botany	31,340	...	...	5	...	1	...	3	1	1	...	...	...	...	...	...	...	...	...	...	...	1	20	1
Burwood	34,420	1	...	6	...	...	...	3	...	1	...	...	1	...	...	...	...	...	...	...	...	...	29	3
Canterbury	116,270	1	...	24	...	16	3	10	...	5	2	...	1	1	1	2	2	61	15
Concord	31,470	...	...	11	...	...	...	6	1	1	...	...	...	...	...	...	1	...	...	...	...	...	17	1
Drummoyne	33,670	...	...	12	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	1	...	1	15	7
Fairfield	42,360	19	...	5	...	12	1	3	1	3	26	4
Holroyd	35,210	11	...	1	...	7	1	1	1	1	28	4
Hunter's Hill	12,490	5	7	2
Hurstville	46,310	14	...	3	...	9	...	1	1	2	1	2	36	8
Kogarah	45,710	8	...	1	...	8	1	1	5	...	26	9
Ku-ring-gai	48,650	...	...	26	...	...	...	3	...	1	...	...	...	...	...	...	1	...	...	...	...	...	29	10
Lane Cove	22,760	...	...	1	...	...	...	1	...	1	1	...	...	...	...	...	1	...	...	...	...	1	19	2
Leichhardt	68,660	...	...	5	...	3	...	5	...	3	...	...	...	...	...	...	1	...	...	...	...	1	54	18
Liverpool	21,120	...	...	7	...	8	...	5	...	6	1	...	...	...	...	...	...	...	...	1	...	...	23	5
Manly	36,270	7	1	1	1	30	4
Marrickville	81,690	...	...	9	...	8	...	6	1	6	1	...	...	...	...	...	...	...	...	1	...	1	82	21
Mosman	26,890	...	...	10	...	...	...	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	15	...
North Sydney	60,780	...	...	14	...	1	...	4	1	2	2	1	1	...	...	...	...	...	...	1	...	...	31	6
Parramatta	70,900	...	...	14	...	2	...	2	...	5	1	...	...	...	...	1	2	1	...	3	2	...	41	13
Randwick	105,950	...	...	47	...	5	...	9	1	6	...	1	...	1	...	1	1	...	...	1	...	2	94	18
Rockdale	83,240	1	...	15	...	2	...	11	...	5	2	1	4	2	1	1	...	44	9
Ryde	51,890	...	...	11	...	...	...	5	...	2	1	...	...	...	...	1	1	...	...	...	...	...	25	6
Strathfield	26,140	...	...	14	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	19	3
Waverley	75,260	...	...	18	...	1	...	4	...	2	...	...	...	...	...	...	1	...	...	2	...	...	47	9
Willoughby	56,220	...	...	27	...	1	...	4	1	2	1	...	...	...	...	...	...	...	...	1	...	...	21	7
Woollahra	52,880	...	...	28	...	3	...	7	...	2	3	...	...	...	...	...	1	...	...	...	...	...	42	8
SHIRES AND PORT JACKSON																									
Hornsby	39,580	20	...	1	...	6	...	4	4	1	1	1	24	9
Warringah	49,890	1	...	7	...	...	...	5	...	...	...	2	...	...	...	...	...	...	...	1	...	...	25	2
Harbour of Port Jackson .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Total	1,785,580	6	Nil	444	Nil	91	6	185	14	106	29	6	6	2	Nil	16	17	3	Nil	29	21	6	13	1,307	310

Chorea (rheumatic)*—1 death, Willoughby; 1 case, Botany.
* See note to Table IX.

TABLE II.—Notifiable Infectious Diseases—Cases and Deaths for each Local Area in the Hunter River Health District—1952.

Municipality or Shire.	Estimated Mean Population.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Polio-myelitis.		Meningococcal Infection.		Virus Encephalitis.		Typhus Fever.		Rheumatic Fever.*		Brucellosis.		Infantile Diarrhoea.*		Puerperal Fever.		Tuberculosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
		MUNICIPALITIES.																							
Newcastle	137,040	4	1	3	...	10	...	2	...	1	3	...	1	...	...	...	1	...	...	...	...	...	...	47	25
Cessnock	14,070	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	6	5
Maitland	21,330	...	...	3	...	2	...	1	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	3	3
Singleton	4,430	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...
SHIRES AND PORT HUNTER.																									
Kearsley	30,750	...	...	10	...	1	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	14	2
Lake Macquarie	54,520	...	...	5	...	...	1	1	...	...	1	...	...	...	...	...	2	...	...	1	1	...	1	16	5
Lower Hunter	7,030	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Port Stephens	7,310	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Port Hunter .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	276,480	5	1	23	Nil	16	1	6	1	2	6	Nil	1	1	Nil	Nil	4	Nil	Nil	1	2	Nil	1	93	41

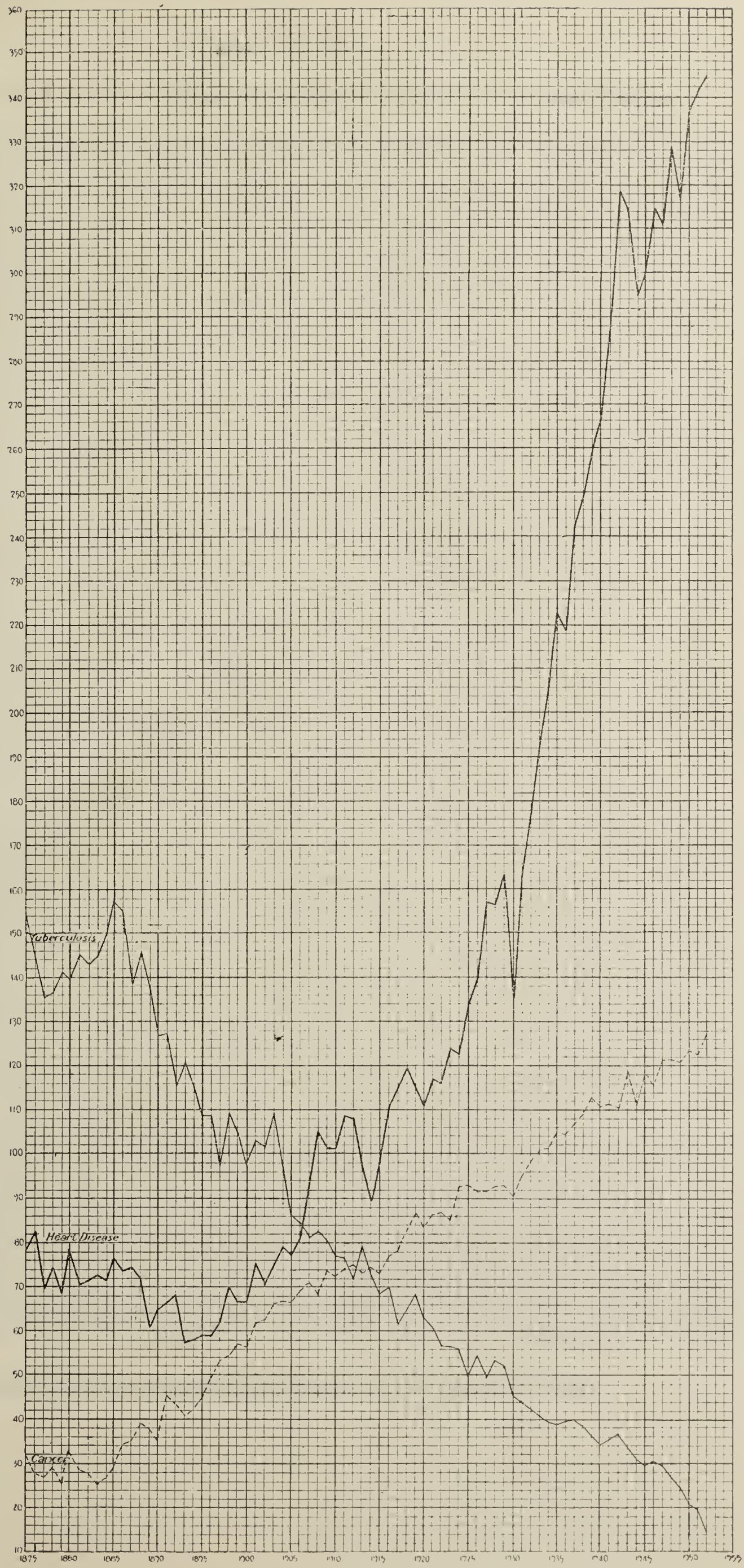
* See note to Table IX.

TABLE III.—Notifiable Infectious Diseases—Cases and Deaths, each Local Area in the South Coast Health District—1952.

Municipality or Shire.	Estimated Mean Population.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Polio-myellitis.		Menin-gococcal Infec-tion.		Virus Ence-phallitis.		Typhus Fever.		Rheu-matic Fever.*		Brucel-losis.		Infantile Diarr-hoea.*		Puer-peral Fever.		Tuber-culosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
MUNICIPALITIES.																									
Bowral	4,040	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3
Camden	4,590	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
Campbelltown	8,640	...	...	6	...	4	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	6	1	
Gerrington	1,010	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jamberoo	1,010	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Klarna	2,620	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shellharbour	4,680	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Wollongong, Greater	81,290	...	...	7	...	7	...	4	...	2	...	3	1	...	...	...	...	...	...	...	2	...	2	27	11
SHIRES.																									
Mittagong	5,880	...	...	2	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...
Shoalhaven	15,720	...	...	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	4	2
Sutherland	53,460	...	...	30	...	...	...	7	2	3	1	...	...	...	...	2	1	...	...	...	1	...	...	21	8
Wingecarribee	8,560	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Wollondilly	10,390	...	...	1	...	1	...	2	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	3	1
Total	201,890	Nil	Nil	48	Nil	12	Nil	14	2	11	2	3	2	Nil	Nil	3	2	Nil	Nil	Nil	4	Nil	2	70	27

* See note on Table IX.

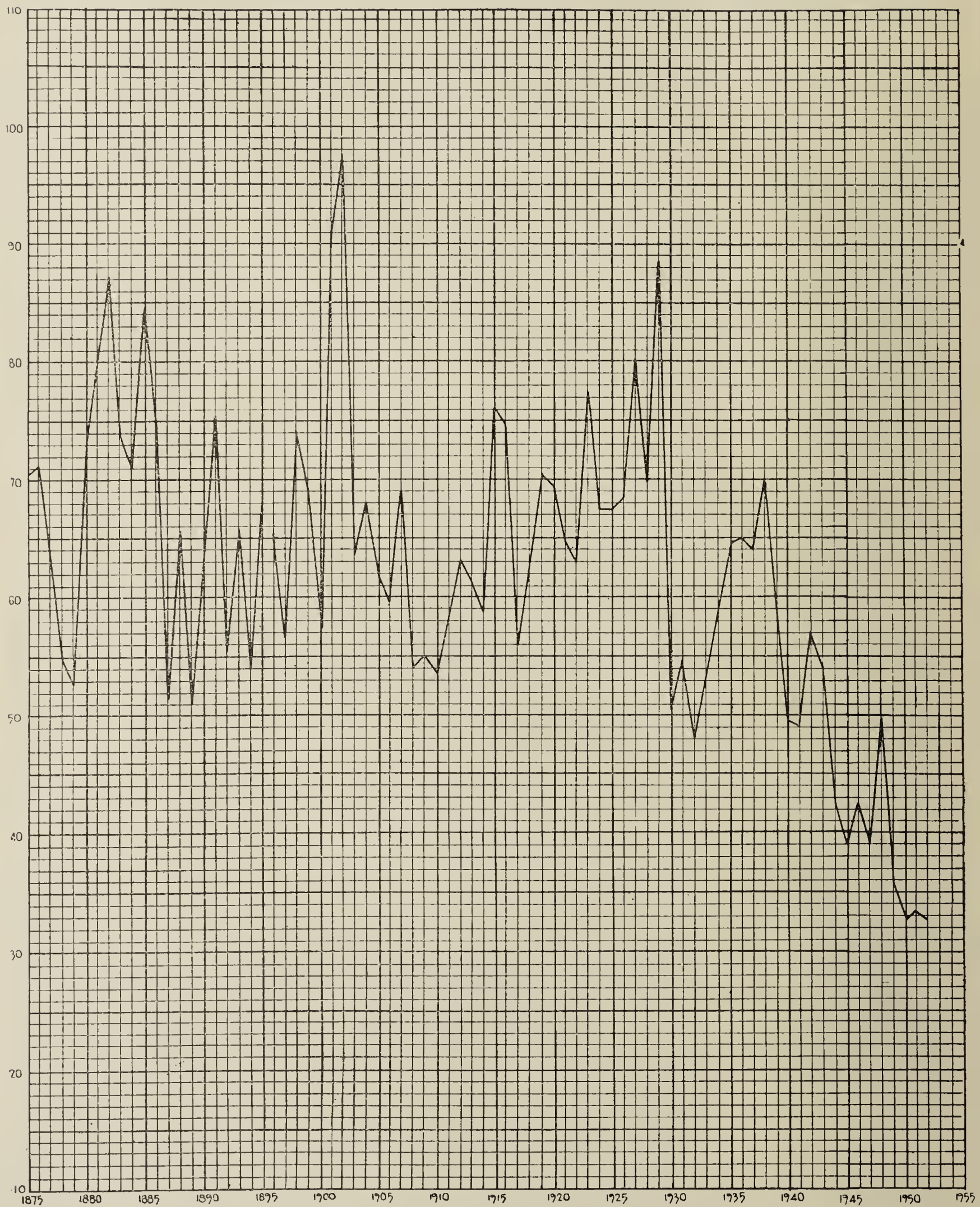
GRAPH No. 2.
Cancer, Tuberculosis, and
Heart Disease—Annual
Death Rate per 100,000
of Population in New
South Wales, 1875–1952.



From 1950 all death rates are
compiled according to the VI
International Classification.

GRAPH No. 3.

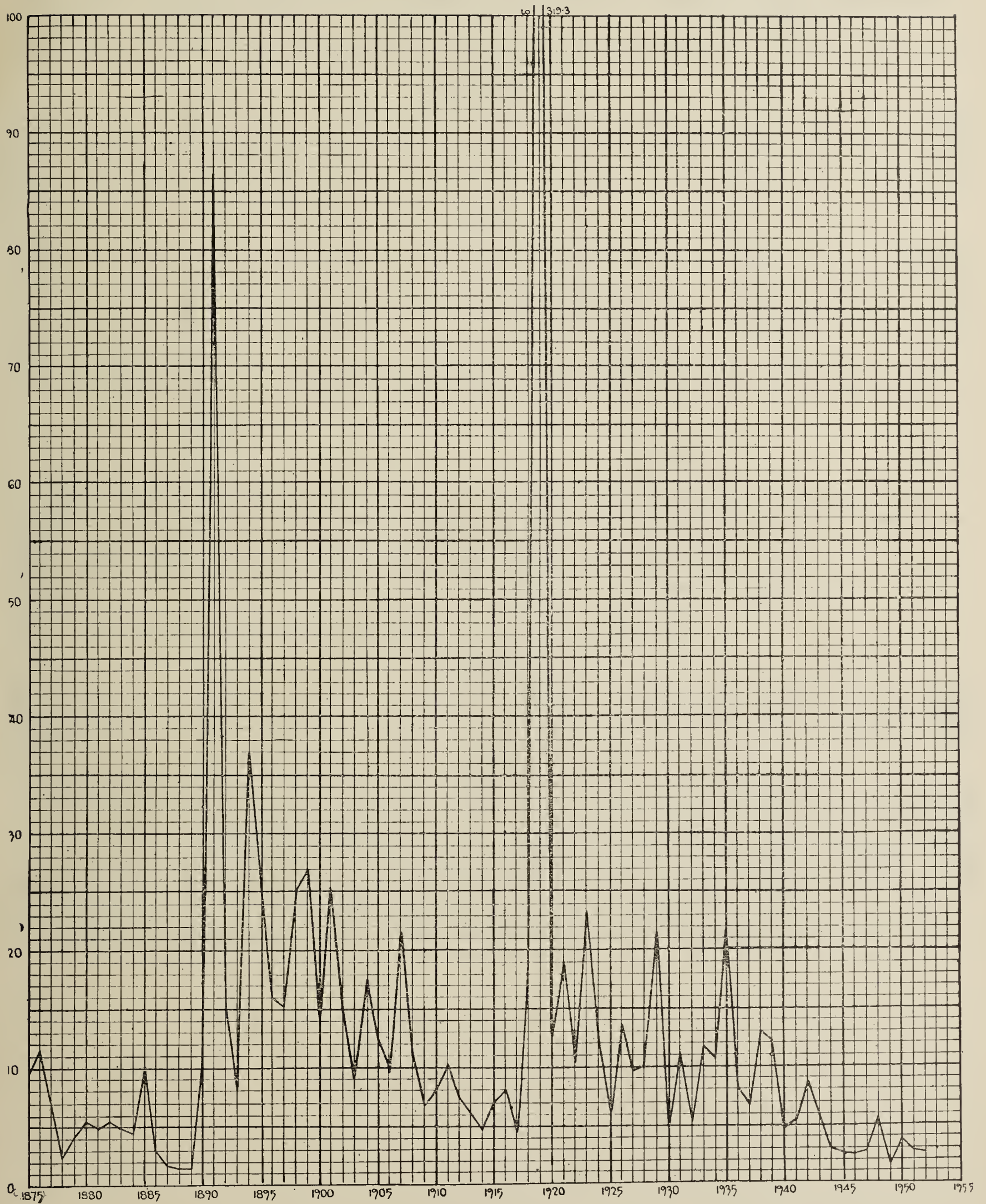
Pneumonia—Annual Death Rate per 100,000 of the Population in New South Wales, 1875–1952.



From 1950 all death rates are compiled according to the VI International Classification.

GRAPH No. 4.

Influenza—Annual Death Rate per 100,000 of the Population in New South Wales, 1875–1952.



From 1950 all death rates are compiled according to the VI International Classification.

TABLE IV.—Notifiable Infectious Diseases—Cases and Deaths for each Local Area in the Richmond-Tweed Health District—1952.

Municipality or Shire.	Estimated Mean Population.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Poliomyelitis.		Menin- gococcal Infec- tion.		Virus Ence- phalitis.		Typhus Fever.		Rheu- matic Fever.*		Prucel- losis.		Infantile Diarr- hoea.*		Puer- peral Fever.		Tuber- culosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
MUNICIPALITIES.																									
Ballina	3,400	1	1
Casino	7,600	11	...	2	1	1	1
Grafton	9,270	3	...	1	1	1	1	5	...
Grafton South	4,330	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2
Lismore	17,160	...	...	2	...	16	...	5	...	1	...	...	...	...	...	1	1	...	...	...	...	...	3	2
Maclean	1,800	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Mullumbimby	1,750	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulmarra	1,640	2	...
SHIRES.																									
Byron	9,450	...	...	...	...	12	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Copmanhurst	2,620	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Gundurimba	4,120	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Harwood	4,800	...	...	3	...	1	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Kyogle	12,200	...	...	...	...	8	...	5	...	1	...	...	1	...	...	1	...	...	...	1	...	...	2	...
Terania	7,290	...	...	...	...	7	...	4	2	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...
Tintenbar	4,900	...	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tomki	3,740	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tweed	21,310	...	...	4	...	1	...	13	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Woodburn	4,450	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Total	121,830	Nil	Nil	9	Nil	72	1	44	4	6	Nil	2	1	1	Nil	4	3	2	Nil	Nil	3	Nil	Nil	25	6

* See note to Table IX.

TABLE V.—Notifiable Infectious Diseases—Cases and Deaths for each Local Area in the Mitchell Health District—1952.

Municipality or Shire.	Estimated Mean Population.	Typhoid and Para-typhoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Polio-myelitis.		Menin- gococcal Infec- tion.		Virus Ence- phallitis.		Typhus Fever.		Rheu- matic Fever.*		Brucel- losis.		Infantile Diarr- hoea.*		Puer- peral Fever.		Tuber- culosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
MUNICIPALITIES.																									
Bathurst	13,460	...	...	28	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1
Blue Mountains	23,960	1	...	5	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	18	10
Lithgow	16,460	...	...	7	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	7	...
Mudgee	4,810	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2
Orange	18,080	...	...	82	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	3
SHIRES.																									
Abercrombie	4,080	...	...	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaxland	10,250	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...
Canobolas	5,890	...	...	15	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	3
Cudgegong	4,130	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Guilgong	5,910	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Lyndhurst	6,570	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Molong	4,280	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Oberon	3,570	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rylstone	4,700	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	2
Turon	5,800	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	131,950	1	Nil	185	Nil	2	Nil	6	Nil	3	2	1	1	Nil	Nil	Nil	1	Nil	Nil	Nil	3	Nil	Nil	48	22

* See note to table IX.

TABLE VI.—Notifiable Infectious Diseases—Cases and Deaths, each Local Area in the Remainder of State—1952.

Municipality.	Estimated Mean Population.	Typhoid and Para-typhoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Polio-myelitis.		Menin-gococcal Infec-tion.		Virus Ence-phalitis.		Typhus Fever.		Rheu-matic Fever.*		Brucel-losis.		Infantile Diarr-hoea.*		Puer-peral Fever.		Tuber-culosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.		
MUNICIPALITIES.†																									
Albury	16,900	9	19	2	2	1	1	3	2	
Armidale.....	8,400	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Balranald	1,330	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barraba	1,580	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Bega	3,610	1	...	
Bombala	1,280	
Bourke	2,170	3	2	
Brewarrina	870	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Broken Hill	32,810	1	...	1	...	2	...	2	2	1	16	4	
Cobar	2,520	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Condobolin	2,830	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
Cooma	4,820	4	1	
Cootamundra	5,980	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	...	5	1
Corowa	3,110	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1
Cowra	6,010	1	
Deniliquin	4,320	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Dubbo	11,020	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	3	...	1	1
Dungog	2,190	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Forbes	6,590	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Glen Innes	5,760	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Goulburn	19,070	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	7	1
Grenfell	2,630	...	5	
Gunnedah	4,850	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Hay	3,140	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Inverell	7,160	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
Junee	4,400	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Kempsey	7,260	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Manilla	2,000	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
Moama	770	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Moree	5,620	...	...	...	8	1	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
Murrumburrah	2,750	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Muswellbrook	5,130	...	2	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Narrabri	3,710	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Narrandera.....	4,710	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1
Narromine	2,030	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Nyngan	2,000	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Parkes	7,890	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
Peak Hill	1,320	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Penrith	16,570	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	1	...	10	5
Port Macquarie	3,690	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	5	1
Quacanbeyan	6,350	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	6	...
Quirindi	2,860	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1
Scone	2,590	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Tamworth	13,850	...	3	...	...	...	...	...	...	1	2	...	1	...	...	...	...	...	...	...	...	8	...
Taree	7,480	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6	...
Temora	4,640	...	13	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Tenterfield	3,300	...	...	...	2	2	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
Wagga Wagga	18,800	...	6	...	6	...	23	2	5	3	...	1	...	...	...	...	...	...	...	...	...	5	3
Walcha	1,610	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Warren	1,870	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Wentworth	3,500	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Willcannia	820	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Windscr	10,140	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...
Wingham	2,400	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
Yass	3,520	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Young	5,080	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	5	1
Total Municipalities †	319,610	Nil	Nil	50	Nil	25	3	76	9	15	12	Nil	3	Nil	Nil	Nil	5	Nil	Nil	Nil	19	Nil	1	129	36

† Including Broken Hill.

* See note to Table IX.

Note.—From 1st May, 1952, Coonamble Municipality was amalgamated with Wingadee Shire to form Coonamble Shire. Figures are shown on this basis for the whole year.

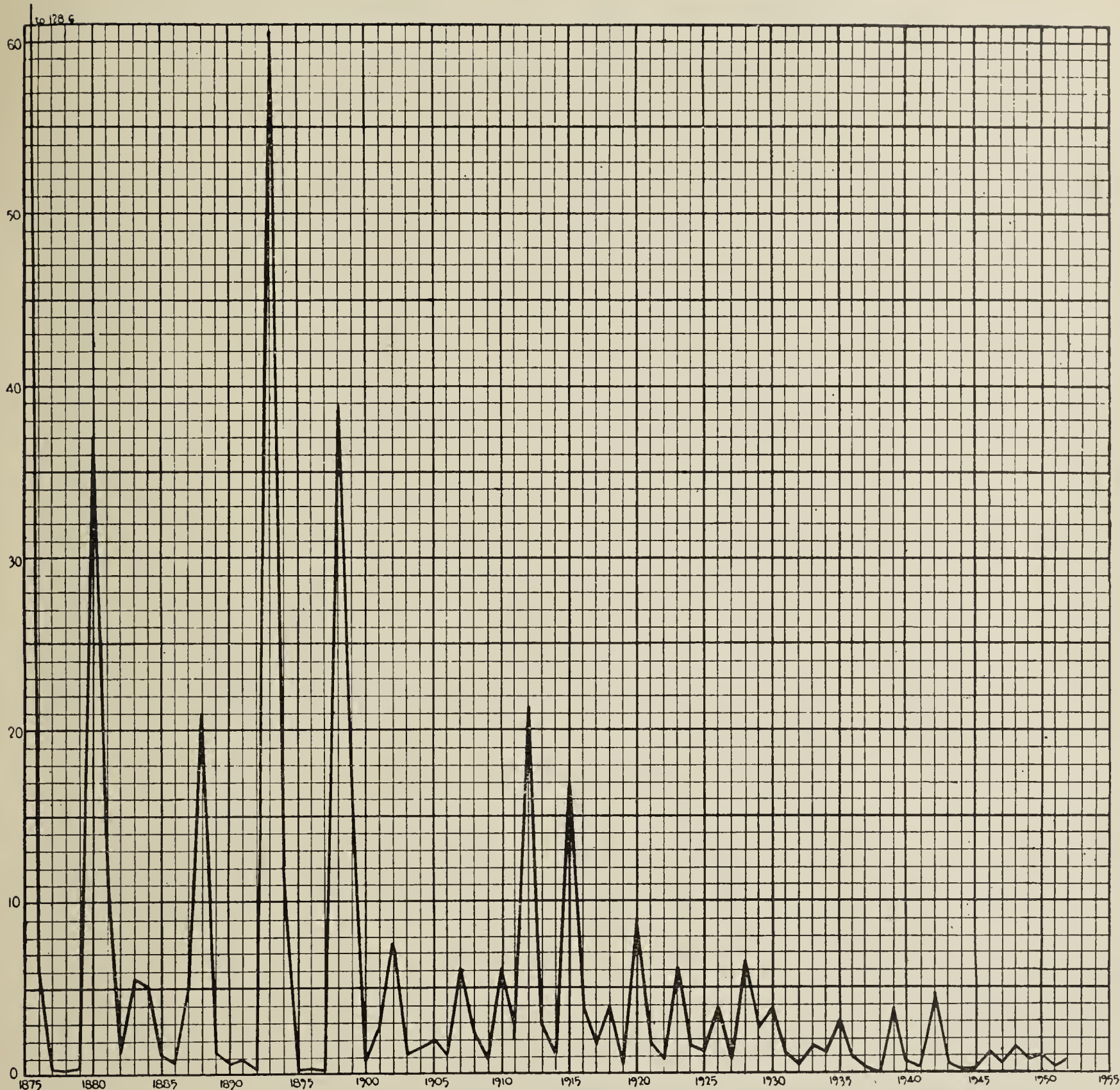
TABLE VI.—Notifiable Infectious Diseases—Cases and Deaths for each Local Area in the Remainder of State—1952—(continued).

Shire.	Estimated Mean Population.	Typhoid and Para- typhoid Fever.		Scarlet Fever.		Diph- theria.		Acute Anterior Pollo- myelitis.		Menin- gococcal Infec- tion.		Virus Ence- phalitis.		Typhus Fever.		Rheu- matic Fever.*		Brucel- losis.		Infantile Diarr- hoea.*		Puer- peral Fever.		Tuber- culosis (All forms).		
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	
SHIRES.																										
Apsley	2,100	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ashford	3,150	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barraba	1,680	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baulkham Hills	15,210	...	...	6	...	...	...	1	2	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	10	1
Bellingen	6,980	...	...	...	...	...	...	1	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
Berrigan	5,460	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Bibbenluke	2,420	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bingara	3,050	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blacktown	32,730	...	...	2	...	2	...	2	...	3	...	...	...	...	...	1	...	...	1	1	...	...	...	...	22	7
Bland	9,010	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Bogan	1,480	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Booolooroo	3,200	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Boomi	2,990	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boorowa	3,560	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boree	6,730	...	...	10	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1
Burrangong	4,810	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carrathool	4,520	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cockburn	5,090	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colo	5,640	...	...	1	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Conargo	1,040	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coolah	2,150	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coolamon	5,280	...	...	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Coonabarabran	7,180	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Coonamble †	6,110	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	2
Coreen	2,680	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crookwell	6,050	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Culcairn	4,950	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Demondrille	2,600	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dorrigo	14,570	...	...	1	...	2	...	3	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	4	3
Dumaresq	4,010	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eurobodalla	6,270	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Gilgandra	4,690	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Gloucester	4,760	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Goobang	5,660	...	...	7	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	1
Goodradigbee	3,500	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Gosford	24,890	...	...	26	...	8	1	5	...	1	...	...	...	...	...	1	...	...	...	...	1	...	1	...	8	5
Gundagai	5,010	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Gunning	2,510	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Guyra	6,020	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hastings	10,430	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
Holbrook	2,540	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
Hume	5,170	...	...	7	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Illabo	2,210	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Imlay	5,300	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Jemalong	3,600	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Jerilderie	1,650	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Jindalee	2,360	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Kyeamba	4,520	...	...	3	...	...	...	7	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lachlan	5,410	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	...
Leeton	10,170	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
Liverpool Plains	4,420	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Lockhart	4,900	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Macintyre	4,220	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Macleay	9,180	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
Mandowah	1,420	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Manning	14,780	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Marthaguy	2,210	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Merriwa	2,670	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mitchell	2,870	...	...	3	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Monaro	2,360	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mulwaree	5,120	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Mumbulla	4,420	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

† From 1st May, 1952, Coonamble Municipality was amalgamated with Wingadee Shire to form Coonamble Shire. Figures are shown on this basis for the whole year.

GRAPH No. 5.

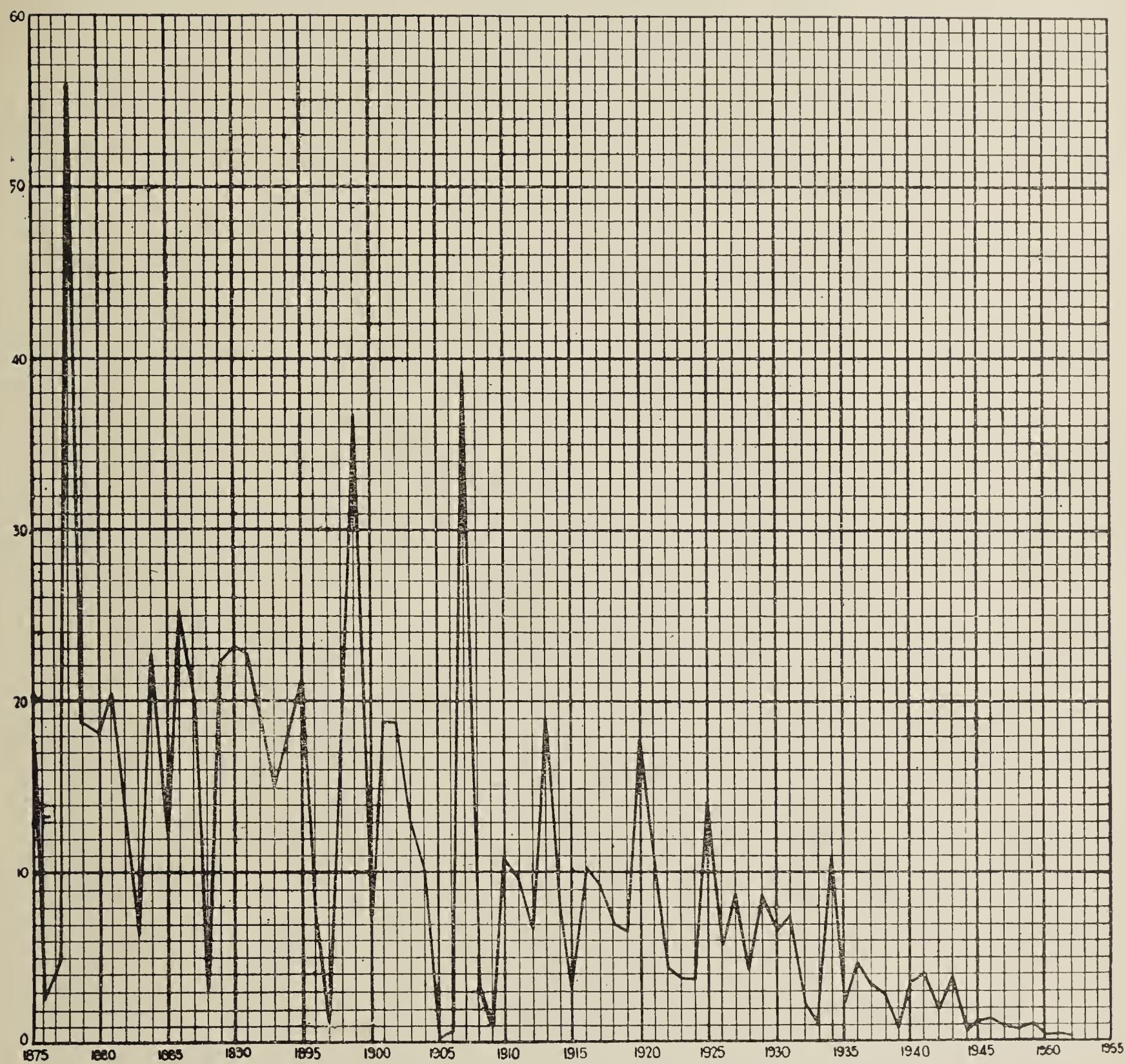
Measles—Annual Death Rate per 100,000 of Population in New South Wales, 1875–1952.



From 1950 all death rates are compiled according to the VI International Classification.

GRAPH No. 6.

Whooping Cough—Annual Death Rate per 100,000 of the Population in New South Wales—1875–1952.



From 1950 all death rates are compiled according to the VI International Classification.

TABLE VII.—Notifiable Infectious Diseases—Cases and Deaths by Sex and Age, Each Health District—1952.

[illegible]

TABLE VII.—Notifiable Infectious Diseases—Cases and Deaths by Sex and Age, Each Health District—1952—(continued).

	Typhus Fever.						Puerperal Fever.				Rheumatic Fever.*						Brucellosis.						Infantile Diarrhoea.*						Tuberculosis (all forms).					
Age Group.	Cases.			Deaths.			C.	D.	Cases.			Deaths.			Cases.			Deaths.			Cases.			Deaths.			Cases.			Deaths.				
	M.	F.	T.	M.	F.	T.	F.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
METROPOLITAN HEALTH DISTRICT.																																		
All ages	1	1	2	...	...	...	6	13	9	7	16	8	9	17	3	...	3	...	...	...	14	15	29	12	9	21	839	468	1307	233	77	310
Under 1 year	9	12	21	7	8	15	2	3	5	1	1	2		
1-4 years	1	...	1	1	...	...	...	...	...	...	...	5	3	8	5	1	6	10	13	23	...	2	2		
5-14 "	5	4	9	2	5	7	...	...	...	...	...	...	...	...	...	...	...	7	9	16	1	2	3		
15-24 "	1	1	...	...	...	1	3	1	2	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	70	102	172	4	5	9	
25-34 "	4	6	2	1	3	2	3	5	1	...	1	...	...	...	...	...	...	...	...	...	151	148	299	17	9	26		
35-44 "	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	137	93	230	26	18	44		
45-54 "	1	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	182	44	226	48	10	58
55-64 "	170	34	204	61	18	79		
65 years and over	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	110	22	132	75	12	87		
Not stated	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
HUNTER RIVER HEALTH DISTRICT.																																		
All ages	1	1	...	...	...	...	1	...	...	...	1	3	4	...	...	...	...	...	...	1	1	2	...	2	53	40	93	32	9	41		
Under 1 year	1	1	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...
1-4 years		
5-14 "	1	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
15-24 "	1	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25-34 "	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	12	19	2	2	4		
35-44 "	6	12	18	2	1	3		
45-54 "		
55-64 "	1	1	...	...	...	...	...	...	...	...	...	...	...	...	15	4	19	5	2	7		
65 years and over	13	2	15	11	...	11		
Not stated	11	2	13	10	2	12		
SOUTH COAST HEALTH DISTRICT.																																		
All ages	2	1	2	3	...	2	2	...	...	...	...	...	...	...	...	4	4	41	29	70	18	9	27				
Under 1 year	1	1	1	...	1	...	...	...	...	...
1-4 years	3	3	...	...	...	...	...	...	...	...
5-14 "	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	5	...	1	1		
15-24 "	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	8	14	2	2	4		
25-34 "	9	6	15	...	1	1		
35-44 "	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8	10	18	2	1	3		
45-54 "	9	...	9	3	2	5		
55-64 "	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	1	7	8	2	10		
65 years and over	1	...	1	3	...	3		
Not stated		
RICHMOND-TWEED HEALTH DISTRICT.																																		
All ages	1	1	...	...	...	...	...	3	1	4	2	1	3	...	2	2	...	...	...	...	...	1	2	3	16	9	25	5	1	6		
Under 1 year	1	...	1	...	...	...	...	...	...	...	...	...	1	2	3	1	...	1	...	...	...	...
1-4 years	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5-14 "	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15-24 "	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25-34 "	1	...	1	...	1	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
35-44 "	1	3	4	...	1	1		
45-54 "	1	1	...	...	...	...	...	...	...	...	...	2	1	5	1	...	...
55-64 "	4	2	4	...	...	...
65 years and over	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3	2	...	2	
Not stated	5	1	6	2	...	2		
MITCHELL HEALTH DISTRICT.																																		
All ages	1	1	...	...	...	...	...	...	...	...	2	1	3	30	18	48	16	6	22				
Under 1 year	2	1	3	1	...	1	1	...	...	1			
1-4 years		
5-14 "		
15-24 "	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25-34 "		
35-44 "		
45-54 "		
55-64 "		
65 years and over		
Not stated																	

[illegible]

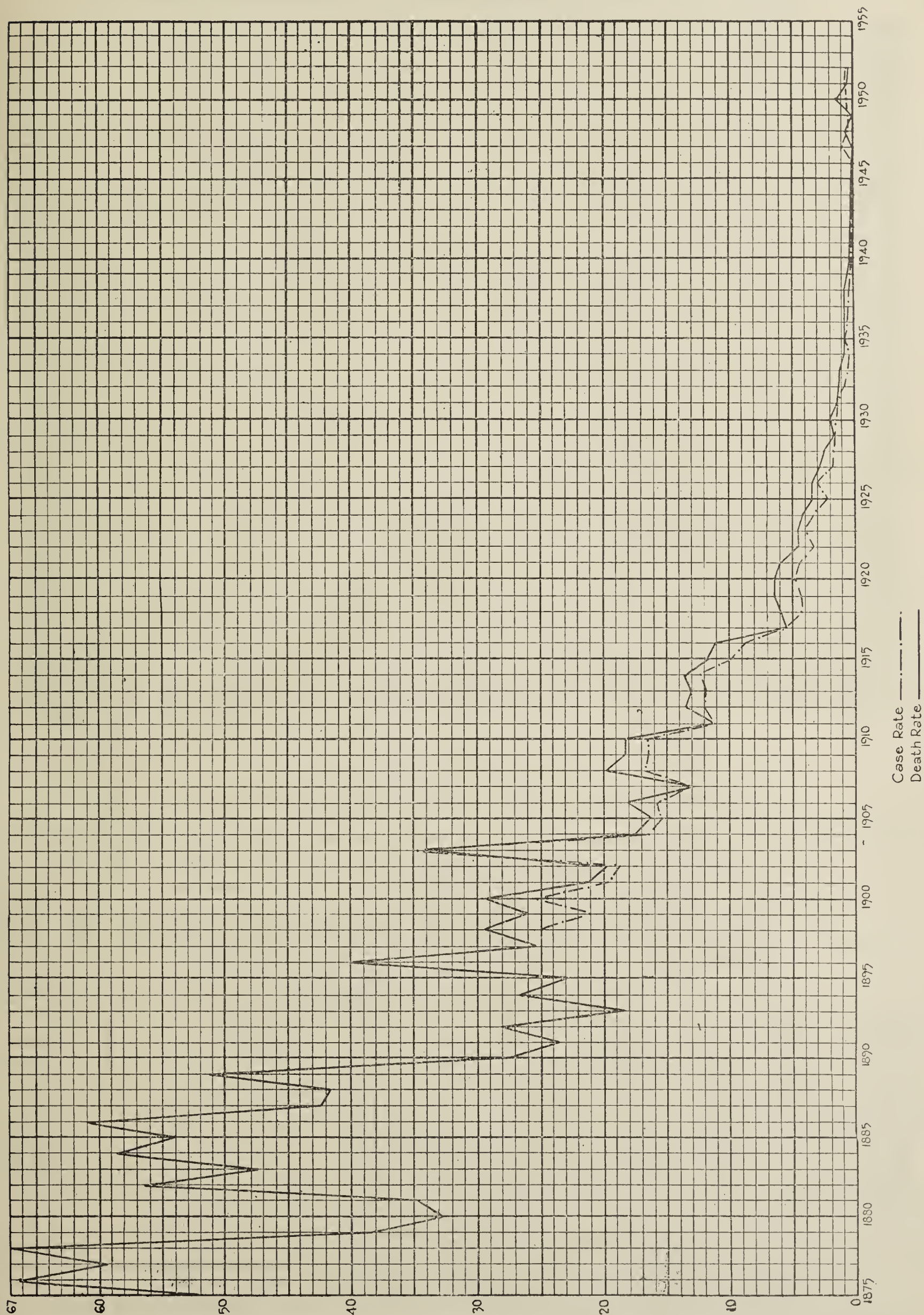
TABLE VIII.—Notifiable Infectious Diseases—Cases and Deaths by Month in Each Health District—1952.

Month.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Poliomyelitis.		Meningococcal Infection.		Virus Encephalitis.		Typhus Fever.		Rheumatic Fever.*		Brucellosis.		Infantile Diarrhoea.*		Puerperal Fever.		Tuberculosis (All forms.)	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
METROPOLITAN HEALTH DISTRICT.																								
January	39	...	1	1	18	...	9	2	...	...	2	...	...	1	...	...	3	...	1	107	31	
February	1	...	33	...	3	1	11	...	3	1	...	...	...	...	3	...	...	...	2	...	1	99	32	
March	1	...	14	...	3	...	8	...	5	3	1	1	...	...	...	...	...	3	...	3	121	27		
April	31	...	8	1	8	...	5	1	...	1	...	...	...	...	...	1	...	1	84	23		
May	31	...	14	...	10	...	6	...	...	...	...	...	1	1	...	...	...	...	1	110	30	
June	1	...	33	...	18	...	7	...	9	1	1	3	...	...	...	...	...	2	...	...	...	115	29	
July	57	...	3	...	7	...	7	1	...	1	...	...	2	...	...	...	2	...	...	122	23	
August	1	...	54	...	9	...	3	1	24	8	...	...	...	...	1	...	...	...	2	1	...	127	26	
September	55	...	7	...	11	...	13	5	...	...	...	...	1	2	...	...	1	1	...	87	26	
October	1	...	32	...	5	1	19	1	13	3	...	...	...	...	6	2	...	...	1	1	3	1	121	20
November	1	...	33	...	8	2	41	1	6	2	2	...	...	...	6	2	...	...	4	1	...	...	107	24
December	32	...	12	...	42	6	6	2	2	...	...	...	3	3	1	...	24	3	...	3	107	19
Total	6	...	444	...	91	6	185	14	106	29	6	6	2	...	16	17	3	...	29	21	6	13	1,307	310
Chorea (rheumatic)*—Cases, 1, November. Deaths, 1, November.																								
HUNTER RIVER HEALTH DISTRICT.																								
January	3	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	2
February	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	4
March	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	9	...
April	1	...	...	...	...	...	...	...	...	...	...	...	...	8	4
May	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
June	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	10	5
July	1	...	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	7	3
August	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	4	3
September	3	...	4	...	1	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	1	6
October	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	14	5
November	2	1	1	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	7	2
December	3	...	2	...	4	...	4	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	12	3
Total	5	1	23	...	16	1	6	1	2	6	...	1	1	...	...	4	...	...	1	2	...	1	93	41
SOUTH COAST HEALTH DISTRICT.																								
January	2	...	1	...	2	1	1	...	1	...	...	...	...	2	...	...	...	1	...	...	4	3
February	2	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	3
March	5	...	4	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	4	2
April	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	1
May	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	5
June	6	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	6	3
July	7	...	3	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	11	4
August	8	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1
September	5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1
October	4	...	...	...	2	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	5	2
November	5	...	1	...	4	1	4	1	...	...	...	...	...	...	...	...	...	...	...	...	8	...
December	1	...	1	...	...	...	...	...	1	1	...	...	2	...	...	...	...	1	...	...	4	2
Total	48	...	12	...	14	2	11	2	3	2	...	...	3	2	...	...	...	4	...	2	70	27
RICHMOND-TWEED HEALTH DISTRICT.																								
January	1	...	5	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	5	1
February	1	...	3	...	3	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	2	...
March	1	...	5	...	10	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April	3	...	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...
May	13	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1
June	24	1	1	...	2	...	...	...	...	...	...	1	...	...	...	1	...	...	2	2
July	5	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
August	4	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
September	3	...	4	...	1	...	...	...	1	1	...	...	4	...	...	...	...	...	...	...	3	1
October	2	...	6	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November	1	...	...	...	6	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
December	1	...	4	...	11	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Total	9	...	72	1	44	4	6	...	2	1	1	...	4	3	2	...	...	3	...	...	25	6
MITCHELL HEALTH DISTRICT.																								
January	10	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	3
February	7	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	7	3
March	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
April	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	3	...
May	1	...	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
June	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4
July	21	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...
August	6	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
September	9	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
October	9	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3	1
November	9	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	6	4
December	18	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8	1
Total	1	...	185	...	2	...	6	...	3	2	1	1	...	...	...	1	...	...	...	3	...	...	48	22
BROKEN HILL DISTRICT.																								
January	1	...
February	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
March	2	...
April	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
May	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2
June	4	1
July	1	...
August	1	...
September	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October
November	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...
December	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Total	1	...	1	...	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	1	16	4
REMAINDER OF STATE.																								
January	11	...	7	...	17	3	1	1	...	1	...	...	...	4	...	...	...	6	...	...	21	7
February	9	...	1	...	9	1	1	2	...	...	...	...	...	...	...	...	...	8	...	...	29	4
March	40	...	4	...	10	1	3	...	...	...	...	...	...	...	...	...	...	7	...	...	22	7
April	1	...	32	...	3	2	18	4	...	1	...	...	...	...	...	2	...	...	...	4	...	...	13	9
May	22	...	12	1	13	1	2	...	...	1	...	...	...	3	...	...	...	...	...	...	9	10
June	30	...	14	1	14	2	2	...	...	...	...	...	...	...	...	...	...	4	...	...	23	8
July	23	...	11	...	8	1	4	4	...	1	...	...	...	2	...	...	...	...	...	...	26	8
August	4	...	2	...	7	...	5	3	...	...	...	...	...	...	...	...	...	4	...	...	19</	

* See note to Table IX.

GRAPH No. 7.

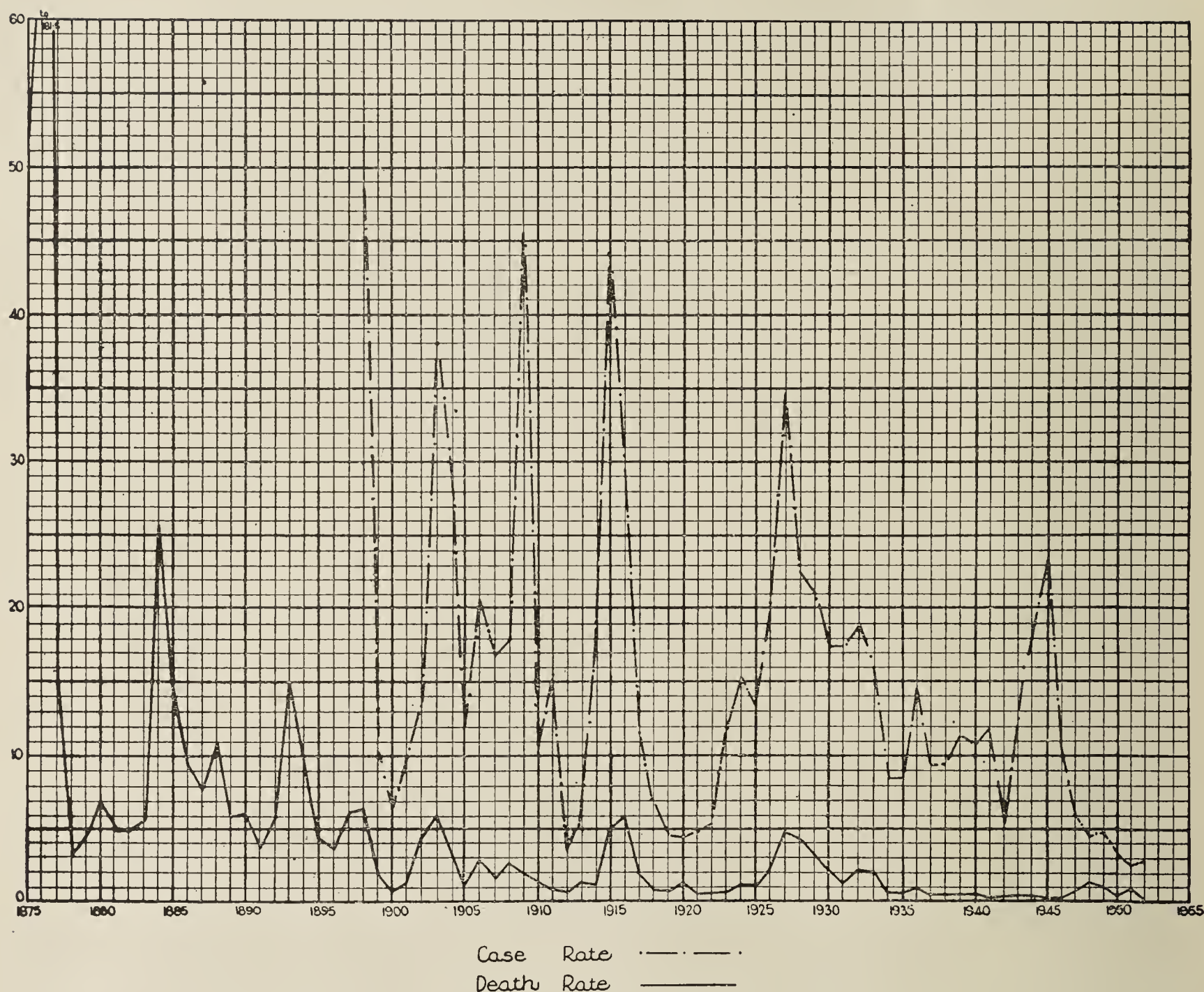
Typhoid Fever—Annual Death Rate per 100,000 of Population in New South Wales, 1875–1952.
Annual Case Rate per 10,000 of Population in New South Wales, 1898–1952.



From 1950 all death rates are compiled according to the VI International Classification.

GRAPH No. 8.

Scarlet Fever—Annual Death Rate per 100,000 of Population in New South Wales, 1875–1952
Annual Case Rate per 10,000 of Population in New South Wales, 1898–1952



From 1950 all death rates are compiled according to the VI International Classification.

TABLE IX.—Summary, 1952.

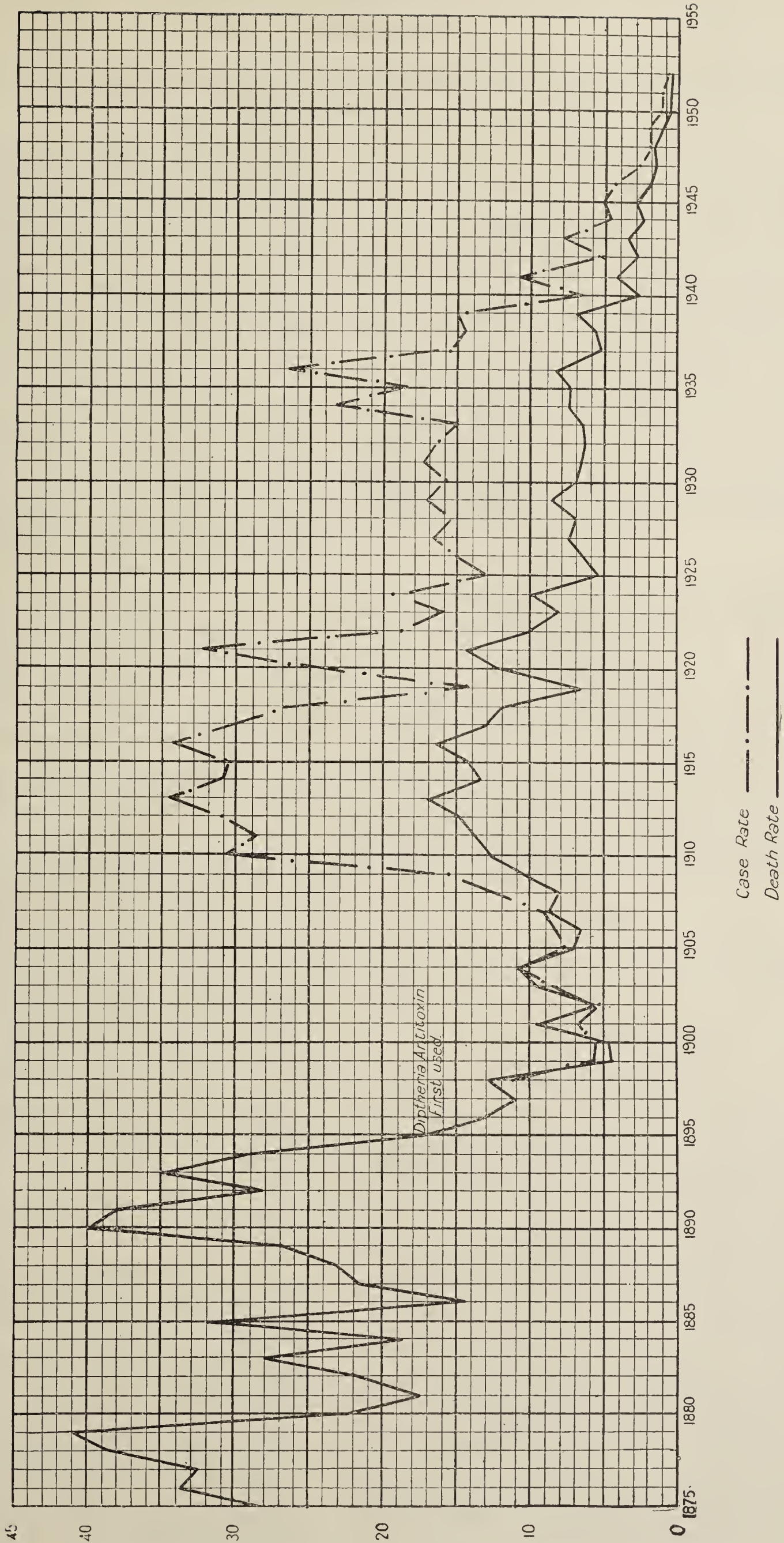
District.	Estimated Mean Population.	Typhoid and Paratyphoid Fevers.		Scarlet Fever.		Diphtheria.		Acute Anterior Poliomyelitis.		Meningococcal Infection.		Virus Encephalitis.		Typhus Fever.		Rheumatic Fever.*		Brucellosis.		Infantile Diarrhoea.*		Puerperal Fever.		Tuberculosis (All forms).	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Metropolitan Health District	1,785,580	6	...	444	...	91	6	185	14	106	29	6	6	2	...	16	17	3	...	29	21	6	13	1,307	310
Hunter River Health District	276,480	5	1	23	...	16	1	6	1	2	6	...	1	1	...	...	4	...	...	1	2	...	1	93	41
South Coast Health District	201,890	...	...	48	...	12	...	14	2	11	2	3	2	...	...	3	2	...	...	...	4	...	2	70	27
Richmond-Tweed Health District	121,830	...	...	9	...	72	1	44	4	6	...	2	1	1	...	4	3	2	...	...	3	...	...	25	6
Mitchell Health District	131,950	1	...	185	...	2	...	6	...	3	2	1	1	...	...	...	1	...	...	...	3	...	...	48	22
Broken Hill District	32,810	...	...	1	...	1	...	2	...	2	2	...	...	...	...	...	...	...	...	...	...	1	16	4	...
Remainder of State—																									
Municipalities	286,800	...	...	49	...	24	3	74	9	13	10	...	3	...	...	...	5	...	...	...	19	...	...	113	32
Shires	531,360	3	...	159	...	48	3	83	12	18	5	...	2	...	...	1	9	...	...	3	25	2	2	120	51
Unincorporated	14,180	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	2
Lord Howe Island	213	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Migratory	7,381	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Residence Outside State .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
Not Stated .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Total, New South Wales	3,390,474	15	1	923	Nil	266	14	414	42	161	56	12	16	4	Nil	24	41	5	Nil	33	80	8	19	1803	495

Chorea (rheumatic)*, 3 deaths (1 Metropolitan Health District, 2 Remainder of State); 1 case in Metropolitan Health District.

* Note.—By Proclamation dated 11th July, 1952, the diseases marked with an asterisk were declared to be infectious diseases in pursuance of the provisions of Section 28 of the Public Health Act, 1902–1952. Cases of these diseases relate to the period from the date of proclamation to the 31st December, 1952; figures for deaths relate to the whole year.

GRAPH No. 9.

Diphtheria—Annual Death Rate per 100,000 of Population in New South Wales, 1875–1952
Annual Case Rate per 100,000 of Population in New South Wales, 1898–1952



From 1950 all death rates are compiled according to the VI International Classification.

Venereal Diseases Act, 1918.

Report of the Director, Division of Social Hygiene to the Director General of Public Health, for the year ending
31st December, 1952.

Staff.

Director.—J. Cooper Booth, M.B., Ch.B. (Edin.).

Deputy Director.—

Medical Officers.—J. P. Barry, M.B., B.S. (Syd.); F. A. Brierly, M.B. (Syd.), to 7th November, 1952.

Clerical.—C. T. Chapman, with four assistants and typiste.

Senior Clinic Assistant.—R. C. Lewry, with clinic assistant and seven attendants.

The decline in the number of notifications of venereal disease has continued, and the total (1,646) received for this year is 115 less than last year.

The fall in yearly totals has continued since 1945, and this year the total is below that of any since the Venereal Diseases Act, 1918, came into force in December, 1920.

Gonorrhoea has reached an all-time low in notifications. While aware that there must be many unnotified infections, one is forced to realise that the general decline in venereal disease is real. The complications once seen in gonococcal infections are now very rare and it is becoming increasingly difficult to find suitable teaching material in any of the venereal diseases for post graduates and medical students.

Prophylaxis.

Many males continue to make use of the prophylactic facilities at the Divisional Clinic, and 18,788 treatments were given during the year. Ninety per cent. of such treatments were given during the night, in the early morning and at week-ends.

Divisional Clinic.

There has been a further decline in the number of persons seeking examination and treatment for the first time at the Clinic—2,770 for the year 1952, as compared with 2,992 for 1951 and 3,441 in 1950.

Of these new patients, 21.7 per cent. were found to be suffering from venereal disease, as compared with 21.3 per cent. in 1951, and 26.2 per cent. in 1950. The average percentage between 1938 and 1948 was 36.8 per cent., with the highest, 51.6 per cent., in 1938, and the lowest, 26.3 per cent., in 1946.

The total attendances made by all persons to the Clinic was 36,990, which was 191 above that for the previous year.

Publicity.

The year has been very quiet so far as press publicity is concerned. Posters have continued to be displayed throughout the State.

The Director of the Division gave six lectures during the year.

Venereal Diseases Act, 1918.

Report on notifications received during the year ended
31st December, 1952.

One thousand six hundred and forty-six notifications of venereal disease were received during the year 1952, which was a decrease of 115 as compared with the previous year. Of the total notifications, 88 per cent. came from the metropolitan area. Notifications from private practitioners amounted to 20.7 per cent. of the total, compared with 24.9 per cent. in 1951 and 19 per cent. in 1950.

Syphilis.—There were 486 notifications of syphilis (321 males and 165 females) a figure 43 above that for the previous year. The sex ratio was 1.9 males to 1 female.

Of the patients notified, 17.5 per cent. were being treated privately as compared with 16.7 per cent. in 1951 and 13.5 per cent. in 1950.

Syphilis contributed 30.1 per cent. of the total notifications as compared with 25.2 per cent. in 1952 and 21.1 per cent. in 1951.

Of the syphilitic infections notified 209 (43 per cent.) were classified as early infections, as compared with 190 (42.9 per cent.) in 1951 and 342 (54.5 per cent.) in 1950.

The notification of syphilis gave incidence of 14.3 per 100,000 of mean population, as compared with 13.3 in 1951 and 19.3 in 1950.

Gonorrhoea.—Of the total notifications received during the year, 1,078 were for gonorrhoea (1,002 males and 76 females) which was a figure 101 below that for the previous year. The sex ratio was 13.2 males to 1 female.

The notifications received from private practitioners amounted to 22.5 per cent. of the total gonorrhoea, as compared with 26.7 per cent. in 1951 and 18 per cent. in 1950.

The percentage of gonorrhoea in the total notifications of venereal disease received during 1952 was 65.5 per cent., as compared with 66.9 per cent. in 1951 and 67.5 per cent. in 1950.

The notifications of gonorrhoea gave an incidence of 31.8 per 100,000 of mean population, as compared with 35.5 in 1951 and 51.1 in 1950.

Other forms of Venereal Disease.—Soft Chancroid—1 case (male) was reported.

Gonococcal Ophthalmia—There were no notifications.

Venereal Warts—72 cases (65 males, 7 females).

Gleet—There were 9 notifications.

Venereal Granuloma—There were no notifications.

During 1952 the names and addresses of 593 defaulters (527 male; 66 female) were notified. This figure was 183 below that for the previous year.

Because of inaccurate information given by patients, or because of failure to notify change of address, 238 "follow up" letters were returned unclaimed (40.1 per cent.).

The following table shows the percentage of defaulters who remained permanent defaulters:—

Year.	Total defaulters notified.	Resumed treatment died or left State.	Remained in default.	Percentage remaining in default.
1950	821	545	276	33.6
1951	776	478	298	38.4
1952	593	345	248	41.8

Prosecutions.

Action was taken against 229 persons for breach of section 5 of the Act (failure to continue under treatment).

Clinics.

Attendances at clinics for males totalled 40,758 (90.7 per cent. of this total being attendances at the clinic in the Division of Social Hygiene, Sydney) as compared with 41,438 in 1951 and 47,992 in 1950.

At the clinics for females the attendances were 6,392 (61.6 per cent. of this total attendance being at the Special Clinic at the Rachel Forster Hospital for Women and Children, Sydney), as compared with 7,714 in 1951, and 8,924 in 1950.

The sex ratio of attendances was 6.4 males to 1 female.

Metropolitan District.—Nine clinics are available. Of these, one is for males only and one for females only.

Prophylactic facilities for males are available continuously at the clinic in the Division of Social Hygiene, Albert Street, Sydney, and 18,788 prophylactic treatments were given during the year 1952.

Newcastle District.—The clinic at the Royal Newcastle Hospital provided 37.3 per cent. of the notifications of venereal disease from the Newcastle District. Prophylactic facilities are available at the Hospital.

District General Hospitals.—Treatment is available at country general hospitals.

Bed Accommodation.—Beds are available in the metropolitan area as required. There is very little demand, nor need, for bed accommodation.

Pathological Examinations.

During 1952 the Pathological Laboratories carried out 55,654 serologic tests for venereal disease.

Smears examined for the presence, or otherwise, of gonococci totalled 2,562.

Three hundred and sixty-five examinations were made for treponema pallidum (334 in the Division of Social Hygiene) as compared with 350 for the previous year.

The following tables are appended:—

Table 1.—Notifications received during 1952 arranged in order of district from which notification came.

Table 2.—Return of cases of venereal disease notified during 1952 showing forms of disease and age and sex of patient.

Table 3.—Summary of attendances at the various public clinics during 1952.

TABLE No. 1.
Notifications received during 1950 to 1952, arranged in order of districts.

	Metropolitan Area.			Newcastle District.			Remainder of State.		
	1950.	1951.	1952.	1950.	1951.	1952.	1950.	1951.	1952.
Gonorrhoea	1517	M997 } F 96 } 1,093	M877 } F 69 } 946	84	M 23 } F 8 } 31	M 82 } F 4 } 86	56	M 50 } F 5 } 55	M 43 } F 3 } 46
Syphilis	565	M278 } F 138 } 416	M278 } F 152 } 430	32	M 5 } F 5 } 10	M 23 } F 8 } 31	30	M 12 } F 5 } 17	M 20 } F 5 } 25
Soft Chancre	1	M 2 } F — } 2	M 1 } F — } 1	...	.....	.....	...	.....	.....
Gleet.....	72	M 48 } F — } 48	M 2 } F — } 2	...	.....	M 7 } F — } 7	...	.....	.....
Venereal Warts	96	M 84 } F 4 } 88	M 63 } F 7 } 70	...	.....	M 2 } F — } 2	...	M 1 } F — } 1	.....
Gon. Ophthalmia .....	...	.....	.....	...	.....	.....	...	.....	.....
Venereal Granuloma .....	...	.....	.....	...	.....	.....	...	.....	.....
Totals	2251	M1409 } F 238 } 1647	M1221 } F 228 } 1449	116	M 28 } F 13 } 41	M114 } F 12 } 126	86	M 63 } F 10 } 73	M 63 } F 8 } 71

TABLE No. 2.
Return of cases of venereal diseases notified during 1952, showing forms of disease and age and sex of patient.

	0—5		6—10		11—15		16—20		21—25		26—30		31—35		36—40		41—45		46—50		Over 50.		Age not stated.		Totals.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhoea .....	...	...	...	...	...	3	95	11	259	18	241	23	106	13	86	4	49	...	36	3	30	...	100	1	1002	76	1,078
Syphilis	2	2	...	1	...	1	18	24	52	34	49	28	44	17	37	15	31	7	10	10	52	25	26	1	321	165	486
Soft Chancre .....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Gleet .....	...	...	...	...	...	...	...	...	2	...	2	...	1	...	...	...	1	...	1	...	2	...	...	...	9	...	9
Venereal Warts .....	...	...	...	...	...	...	8	4	24	2	14	1	6	...	3	...	2	...	4	...	4	...	...	...	65	7	72
Gon. Ophthalmia .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal Granuloma ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	2	2	...	1	...	4	122	39	337	54	306	52	157	30	126	19	83	7	51	13	88	25	126	2	1,398	248	1,646

TABLE NO. 3.

Table showing Annual Attendance Returns at Public Clinics for Treatment of Venereal Diseases—1950, 1951 and 1952 inclusive.

Year.	Attendances.			New Cases.					
				Gonorrhoea.			Syphilis.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Health Department Clinic.									
1950	40,659	...	40,659	864	...	864	223	...	223
1951	36,799	...	36,799	628	...	628	154	...	154
1952	36,990	...	36,990	579	...	579	155	...	155
Royal Prince Alfred Hospital.									
1950	2,094	429	2,523	41	9	50	68	18	86
1951	1,568	479	2,047	36	...	36	30	16	46
1952	945	328	1,273	18	1	19	24	12	36
Sydney Hospital.									
1950	2,430	1,265	3,695	115	...	115	47	22	69
1951	1,398	1,183	2,581	65	...	65	40	21	61
1952	1,690	1,210	2,900	42	...	42	29	19	48
Royal Alexandra Hospital for Children.									
1950	42	142	184	...	1	1	3	2	5
1951	34	141	175	...	...	...	...	2	2
1952	16	77	93	...	...	...	2	1	3
Royal South Sydney Hospital.									
1950	110	113	223	2	1	3	3	4	7
1951	153	40	193	1	2	3	1	1	2
1952	62	16	78	2	1	3	2	...	2
Royal North Shore Hospital.									
1950	192	554	746	4	...	4	4	6	10
1951	173	487	660	...	...	...	3	4	7
1952	139	468	607	1	...	1	2	5	7
Newcastle District Hospital.									
1950	2,422	816	3,238	50	8	58	22	6	28
1951	1,242	286	1,528	20	5	25	5	3	8
1952	862	335	1,197	34	3	37	5	5	10
Rachel Forster Hospital for Women.									
1950 .....	...	5,591	5,591	...	62	62	...	83	83
1951 .....	...	5,073	5,073	...	56	56	...	41	41
1952 .....	...	3,941	3,941	...	36	36	...	67	67
Parramatta District Hospital.									
1950	43	19	62	1	1	2	1	1	2
1951	52	...	52	...	...	...	...	...	...
1952	47	...	47	...	...	...	3	2	5
St. George Hospital, Kogarah.									
1951	19	25	44	...	...	...	...	...	...
1952	7	17	24	1	1	2	1	...	1

CONSULTATIVE COUNCIL FOR THE PHYSICALLY HANDICAPPED (ACUTE ANTERIOR POLIOMYELITIS).
Annual Report for 1952.

Meetings.

Eight meetings of the Council were held during the year and nine meetings of the Executive Committee.

Personnel.

Dr. E. S. Morris resigned from membership of the Council in November, 1952, on his retirement from the position of Director General of Public Health. He was replaced by Dr. H. G. Wallace, in-coming Director General.
Dr. John Hoets resigned in October, 1952, and a recommendation was made to the Minister for the vacancy to be filled by the appointment of Dr. Keith Smith.

Both Dr. Morris and Dr. Hoets had been members of the Council since its inception.
Dr. Scougall was granted leave of absence for the duration of his visit to England.

Representation on the Co-ordination Council for Physically Handicapped Persons.

Dr. Edgar Stephen expressed his wish to tender his resignation as representative of the Consultative Council on the Co-ordinating Council for Physically Handicapped Persons. The Chairman was appointed as this Council's representative (*ex officio*).

Sister Kenny Clinic.

The chairman attended a meeting on the 8th February, 1952, at which the Minister for Health, with the Director-General of Public Health, the Chairman of the Hospitals' Commission, and representatives of the Labour Women's Council met Sister Kenny in connection with the establishment of a Kenny Clinic in Sydney.

Notifications.

Four hundred and fifteen confirmed cases (as at 15 July, 1953) were notified during the year. The month of onset of illness was as follows:—

Year.	Month.	Cases.
1951	November.....	1
„	December	15
1952	January	43
„	February	25
„	March	27
„	April	31
„	May	29
„	June	12
„	July	13
„	August	18
„	September	17
„	October	45
„	November.....	90
„	December	38
„	Queries	11
		415

Sex : 239 were Males;
176 were Females.

Ages.	Total.	Per Cent.
Under 1 year	8	1.9
1 to 4 years	82	19.8
5 to 9 „	103	24.8
10 to 14 „	47	11.3
15 to 19 „	38	9.2
20 to 24 „	46	11.1
25 to 29 „	47	11.3
30 to 34 „	24	5.8
35 to 39 „	9	2.2
40 and over	11	2.6
		415
		100.0

Deaths.

Forty of the 415 patients died—9.6 per cent. of the total.
Twenty-three were males—9.6 per cent. of the total males notified.
Seventeen were females—9.6 per cent. of the total females notified.

TABLE.—Deaths according to age at onset.

1952.	Under 1 year.	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	Over 40 yr.
Total cases— Notified	8	82	103	47	38	46	47	24	9	11
Died	1	4	4	2	4	6	8	5	3	3
Per cent	12.5	4.9	3.9	4.2	10.5	13.0	17.0	20.8	33.3	27.2

Cancellations.

Eight additional notifications were cancelled with amended diagnoses as follows:—

- Encephalitis.
- Cerebral agenesis.
- Bornholm's Disease.
- Guillian Barre Syndrome.
- Tuberculosis Meningitis.
- Lympho Sarcoma.
- Pyelitis.
- Acute Myositis.

Hospital Accommodation.

One hundred and ninety-nine cases were admitted to metropolitan hospitals as follows:—

	Cases.
The Prince Henry Hospital	122
Royal Alexandra Hospital for Children ..	64
St. George District Hospital, Kogarah ..	6
Royal Prince Alfred Hospital	3
St. Vincent's Hospital, Darlinghurst	1
Mater Misericordiae Hospital, Crow's Nest	1
Callan Park Hospital	1
Renwick Hospital for Infants, Summer Hill	1
Total	199

One hundred and ninety-seven cases were admitted to the following country hospitals:

	Cases.
Albury Hospital	26
Armidale and New England Hospital	3
Brewarrina District Hospital	1
Brentwood Hospital, Muswellbrook	1
Broken Hill and District Hospital	2
Barraba Hospital	1
Boorowa District Hospital	1
Brisbane Children's Hospital	1
Bega District Hospital	1
Coonamble District Hospital	1
Cootamundra District Hospital	1
Corowa Hospital	5
Coff's Harbour District Hospital	1
Dubbo Base Hospital	15
Dangar Cottage Hospital, Singleton	1
Forbes District Hospital	1
Fairfield Hospital, Melbourne	1
Griffith District Hospital	4
Grafton Base Hospital	6
Glen Innes District Hospital	1
Goulburn District Hospital	1
Gunnedah District Hospital	3
Kyogle Memorial Hospital	2
Lismore Base Hospital	19
Lithgow District Hospital	1
Maitland Hospital, West Maitland	2
Moree District Hospital	4
Manning River District Hospital, Taree ...	2
Mildura Base Hospital	1
Molong District Hospital	1
Nambucca District Memorial Hospital	1
Northfield Hospital, Wilcannia	1
Narrandera District Hospital	1
Orange Base Hospital	3
Parkes District Hospital	2
Sacred Heart Hospital, Cootamundra	2
Temora and District Hospital	4
Tweed District Hospital, Murwillumbah ...	13
Tamworth Base Hospital	3
Waratah Infectious Hospital, Newcastle ...	9

Wellington District Hospital	1
Wollongong District Hospital	4
Wyalong and District Hospital, West Wyalong	2
Wagga Wagga Base Hospital	40
Young District Hospital	1
Total	197

Seven cases were nursed at home.
In seventeen cases the hospital was not ascertained.

NOTE.—Since these figures were compiled five of the listed cases have been cancelled, making a total of 415.

Distribution.

Two hundred and thirteen cases were from the metropolitan area.
Two hundred and seven cases were from the following rural districts:

	Cases.
Hunter River Health District	6
Richmond-Tweed Health District	46
South Coast Health District	12
Mitchell Health District	5

Shires.

Byron	3
Blacktown	2
Baulkham Hills	2
Bland	2
Boorowa	1
Boolooroo	1
Bellingen	1
Burrangong	1
Berrigan	1
Boree	1
Coonamble	1
Canobolas	1
Culcairn	1
Dorrigo	3
Gosford	4
Gundurimba	1
Goobang	1
Gulgong	1
Gunning	1
Gilgandra	2
Hastings	1
Holbrook	4
Hume	4
Kearsley	2
Kyogle	5
Kyeamba	8
Lake Macquarie	1
Lockhart	4
Lachlan	1
Liverpool Plains	2
Mitchell	4
Manning	2
Nambucca	1
Namoi	1
Nundle	1
Patrick Plains	1
Stroud	1
Severn	1
Terania	3
Tintenbar	3
Timbrehongie	1
Tumut	2
Talbragar	1
Tumbarumba	2
Uralla	1
Wyong	2
Wade	4
Woy Woy	1
Wellington	2
Wauchope	1
Walgett	2
Wollondilly	1
Yarrowlumba	1

Municipalities.

Albury	19
Armidale	2
Ballina	1
Barraba	1

Balranald	1
Broken Hill	2
Cootamundra	3
Corowa	3
Casino	1
Dubbo	4
Forbes	1
Gunnedah	1
Holroyd	6
Lismore	2
Muswellbrook	1
Moree	3
Narromine	3
Nyngan	1
Narrandera	1
Penrith	1
Parkes	1
Scone	1
Temora	3
Wagga Wagga	23
Wentworth	1
Wilcannia	1

NOTE.—Since these figures were compiled five of the listed cases have been cancelled, making a total of 415.

General Activities of the Council.

The appointed teams of diagnostic consultants continued to be at the call of medical practitioners in charge of suspected cases of poliomyelitis in Sydney and Newcastle areas.
Visits of consulting orthopaedic surgeons to the country were arranged as follows:—

- Dr. W. D. Sturrock to Lismore on the 26th February.
- Dr. W. D. Sturrock to Grafton on 27th February.
- Dr. W. D. Sturrock to Casino on the 28th February.
- Dr. R. L. Stephen to Albury on the 19th April.
- Dr. Keith Smith to Griffith on the 23rd April.
- Dr. Keith Smith to Leeton on the 24th April.
- Dr. S. Scougall to Armidale on the 18th May.
- Dr. S. Scougall to Glen Innes on the 19th May.
- Dr. R. Hodgkinson to Bathurst on the 18th June.
- Dr. R. Hodgkinson to Dubbo on the 1st July.
- Dr. Keith Smith to Wagga Wagga on the 26th September.
- Dr. Keith Smith to Griffith on the 23rd October.

After-care.

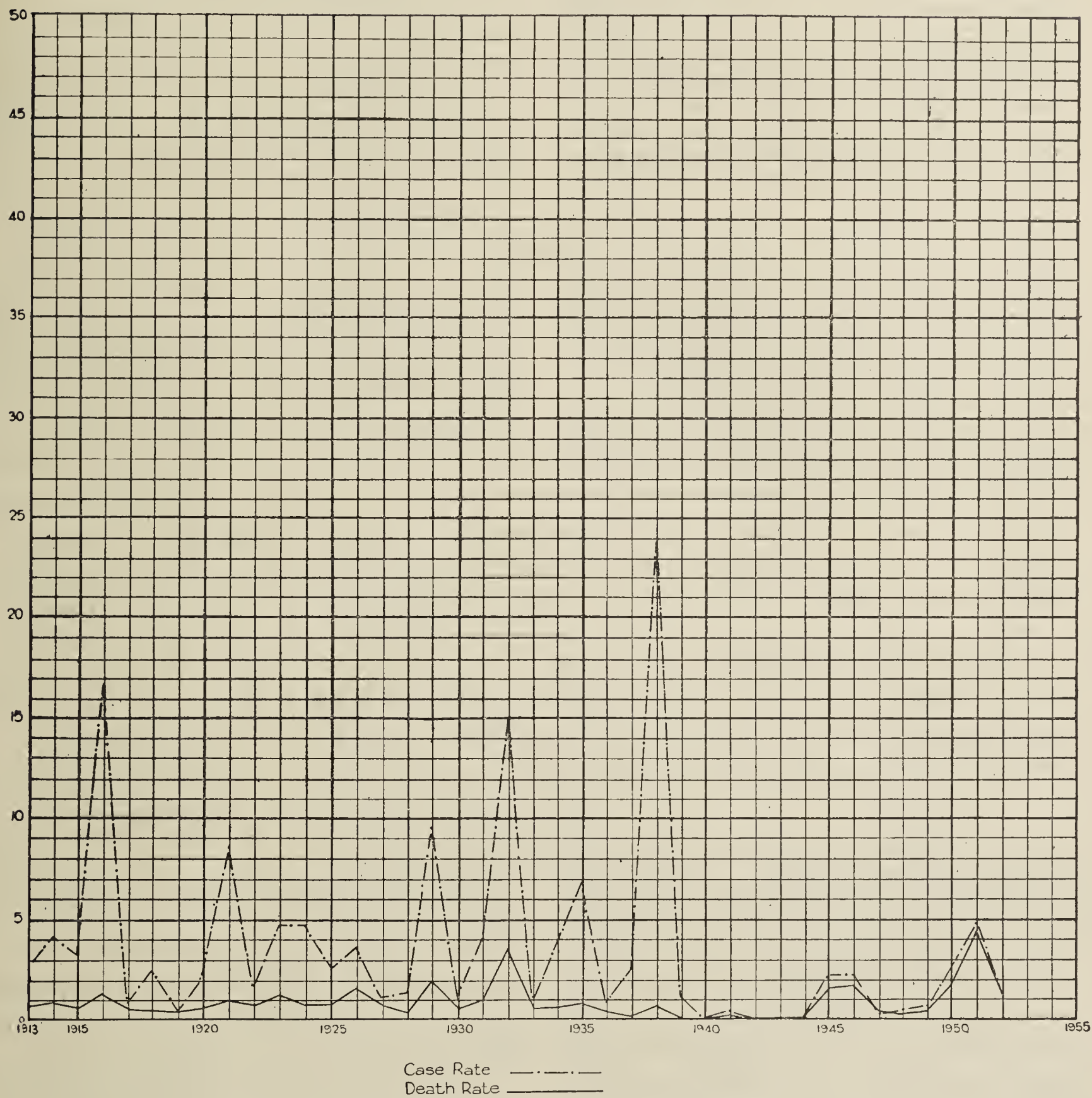
The requests for financial assistance with domiciliary after-care for poliomyelitis patients increased during 1952 to an unprecedented extent.
Fifty patients were assisted with fees for domiciliary physiotherapy.
Three patients were provided with regular hire car transport to and from hospital for treatment.
Physiotherapy fees were paid for sixty-four patients in the Far West Home at Manly.
The year's total expenditure on after-care was £3,356 ls. 5d.

Vocational Training.

Four poliomyelitis patients were assisted under the Vocational Training Grant.
For one patient a set of tools for French flower making was purchased for loan from the Council.
For one patient out-of-pocket expenses were paid to enable an interested person to help her with her education.
For two patients typewriters were purchased to be loaned to enable correspondence courses to be undertaken.
One other physically handicapped person—a patient at Weemala, Ryde, was assisted with the loan of a set of tools for French flower making.
Inquiries from the press, radio and general public increased during and following the recent epidemic, and it is felt that the functions of the Council are becoming more widely known.

GRAPH No. 10.

Infantile Paralysis—Annual Death Rate and Case Rate per 100,000 of the Population in New South Wales,
1913-1952



From 1950 all death rates are compiled according to the VI International Classification.

Staff.

Office Assistants.—Vera Spiers; Margaret Ryan.

The following table gives particulars of the districts of collection and the kind and proportion of adulterations found:—

Nature of Sample.	Number of Adulterated Samples.	Particulars of Adulteration.	Nature of Sample.	Number of Adulterated Samples.	Particulars of Adulteration.
Alcoholic Beverage	1	Contained excess proof spirit.	Cheese	1	Blown and decomposed.
Ale (summer or temperance drink).	1	Incorrectly labelled.	"	1	Unfit for human consumption.
Beer.....	7	Deficient in alcohol content	"	1	Contained excess water and deficient in milk-fat.
Beetroot, canned	12	Unfit for sale.	"	2	Contained excess water.
Bread	13	Physical characteristics unsatisfactory.	Cinnamon, Ground	1	Volatile oil content not in accordance with British Pharmacopoeia.
" Brown	51	Deficient in crude fibre.	Cloves, Ground	2	Contained high percentage of clove stems.
" Wheatmeal	2	Deficient in crude fibre.	Cocoa	8	Contained excess crude fibre and total ash.
" Rye.....	1	Contained wheat flour.	Coffee, Ground	1	Contained excess ash.
" Rolls	2	Dirty and unsuitable for sale.	Cream	2	Deficient in milk-fat.
Butter	1	Contained farinaceous material, excess water and deficient in milk-fat.	"	10	Contained gelatin.
"	1	Contained excess water.	"	8	Contained gelatin and a foreign substance giving the reactions of peroxide
"	4	Contained foreign fat, excess water and deficient in milk-fat.	" (tinned)	1	Contained cane sugar.
"	1	Contained excess water and deficient in milk-fat.	Cream Substitutes.....	1	Artificially coloured.

Nature of Sample.	Number of Adulterated Samples.	Particulars of Adulteration.
Cream Substitutes— <i>cont'd.</i>	1	Found to contain gelatine.
Fish, tinned	3	Artificially coloured.
“ “	4	Unfit for human consumption.
“ “	3	Unfit for sale.
“ (cooked prawns)	2	Artificially coloured.
Fish Paste	1	Unfit for human consumption.
“	1	Unfit for sale.
Flour, self-raising	1	Incorrectly labelled.
Fluid from milk can	3	Found to be water.
Ginger, dried	1	Fermented and unfit for sale.
Ginger Ale, Dry.....	1	Preservative not declared on label.
Jam	1	Hydrogen swells; unsuitable for sale.
“	7	Deficient in fruit content.
Kola Drink.....	2	Incorrectly labelled.
“	2	Found to contain saccharin.
Lemon Drinks	1	Incorrectly labelled.
“	6	Deficient in fruit juice.
Lemon Essence	2	Deficient in essential oil.
“	3	Oil used not oil of lemon.
“	1	Contained added citral.
Lime Drinks	2	Deficient in fruit juice.
“	1	Deficient in citric acid.
“	2	Artificially coloured.
Margarine	5	Artificially coloured.
“	1	Low fat content.
Meat—		
Tripe	6	Did not comply with limits of pH.
“	2	Illegally preservatised.
Fresh Meat	32	Illegally preservatised.
Sausages	339	Contained excess of permitted preservative.
Minced Meat	274	Illegally preservatised.
Milk, Fresh	346	Deficient in milk-fat.
“ “	213	Contained added water.
“ “	39	Deficient in milk-fat and contained added water.
“ Condensed	1	Unsuitable for human consumption.
Milk Powder, Malted	1	Deficient in milk-fat and contained excess salt.
“ “ “	2	Deficient in milk-fat.
Olive Oil	1	Deteriorated; did not comply with standard.
Orange Drinks	5	Deficient in fruit juice.
“ “	1	Incorrectly labelled.
Passionfruit Drinks	2	Deficient in fruit juice.
“ “	1	Deficient in fruit juice and contained synthetic flavouring.
Peanut Oil	1	Contained excess free fatty acids.
Pepper	2	Excess total ash.
“	1	Deficient in extracts soluble in ether and absolute alcohol.
Pineapple Drinks	2	Deficient in fruit juice.
“ “	1	Deficient in fruit juice and contained synthetic flavouring.
Plums, tinned	1	Unfit for sale.
Potatoes, Diced	2	Unfit for human consumption.
Raspberry Drink	1	Artificially coloured.
Rice, Broken	1	Unfit for human consumption.
Salt	1	Found to contain borax.
Soup	2	Unfit for sale.
Spirits (Whisky)	1	Found to contain added water.
Strawberry Syrup	1	Deficient in fruit juice.
Sugar	1	Contained potassium alum
Vanilla Essence	1	Label considered to be misleading.
“ “	1	Contained small proportion of lemon essence.
“ “	1	Deficient in alcohol.

Nature of Sample.	Number of Adulterated Samples.	Particulars of Adulteration.
Vanilla Essence— <i>continued.</i>	1	Deficient in alcohol and vanillin.
Walnuts	1	Unfit for sale.
Drugs, Medicines, etc.—		
Adreline Chloride Solution.	1	Deteriorated and unfit for use.
Cod Liver Oil Tablets	1	Incorrectly labelled.
“ “ “	1	No cod liver oil found.
Ferrous Sulphate	6	Unsuitable for pharmaceutical purposes.
Total adulterations ...	1,491	

Samples Submitted for the Public Services of the State.

The samples submitted for the Public Services of the State amounted to 3,755, brief particulars of which are shown hereunder:—

Subsidised Institutions required the examination of 501 samples consisting of blood, cerebrospinal fluid, human hair and nails, drugs, urine, etc.

The Government Stores Department submitted 604 samples for examination including drugs and pharmacopoeial substances, inks, soaps, lubricants, etc.

Police Authorities forwarded 285 exhibits for examination in connection with criminal investigations including eighteen in regard to the administration of the Police Offences Amendment (Drugs) Act. The following table gives details of the various charges investigated:—

Particulars of Charge.	Number of Exhibits.
Arsenical poisoning	3
Arson	4
Attempted murder	2
Attempted suicide	1
Break, enter and steal	7
Car accidents	6
Carrying substance capable of causing bodily harm ...	1
Doping of greyhounds	2
Drive under influence.....	9
Fraud	3
Grievous bodily harm	5
Hit-run accident	4
House-breaking implements in possession	2
Larceny	3
Malicious injury to property	1
Manslaughter	7
Manslaughter and drive under influence	2
Miscellaneous	55
Murder	1
Rape	10
Receiving aviation fuel	2
Shooting with intent to murder	1
Sodomy	3
Stealing	9
Suspected poisoning	88
Theft	11
Uncertified deaths	24
Vagrancy	1
	267
POLICE OFFENCES AMENDMENT (DRUGS) ACT:	
Barbituric acid derivative	2
Morphine hydrochloride	1
Morphine sulphate	3
Nembutal	4
Nembutal, pethidine and phenobarbitone	4
Nembutal, phenobarbital and morphine sulphate	3
Phenobarbitone	1
	285

The *Police Department* also submitted five exhibits of animal viscera in connection with the suspected poisoning of animals. Strychnine was found to be present in four exhibits.

Coroners' Enquiries.

Coroners required the examination of 1,153 exhibits in connection with 473 deaths which formed the subject of police investigation. The following table gives particulars of the results of chemical examination:—

Nature of Exhibit.	Result of Chemical Examination.	Number of Deaths.
<i>Viscera (stomach and contents, intestines and solid organs).</i>	Negative for poison.....	91
	Arsenic	10
	Barbital	1
	Barbitone	2
	Barbiturate	6
	Barbiturate and Bromide	1
	Bromide	1
	Bromine	1
	Camphor, essential oil and phenol	1
	Carbromal	1
	Carbromal and barbiturate	1
	Carbromal and phenobarbital	1
	Chloral hydrate	2
	Cresol	1
	Cyanide.....	2
	Hydrocyanic Acid	1
	Lead	1
	Mercury	1
	Methyphenobarbitone	1
	Morphine	2
	Morphine and barbiturate	2
	Nembutal	3
	Nicotine	4
	Nicotine and phenol	1
	Paraldehyde	1
	Pentobarbital	2
	Pentobarbital, phenacetin and caffeine	1
	Pentobarbitone	3
	Pentobarbitone and Carbromal	1
	Phenobarbital and chloral hydrate	1
	Pyranisamine	1
	Seconal	1
	Sedormid	5
	Sodium Fluoride	1
	Strychnine	12
	Strychnine and Arsenic	1
	Strychnine and Barbituric Acid	1
	Sulphuric Acid (conc.)	1
	Thallium	5
<i>Viscera and Blood</i>	Arsenic; negative for alcohol	2
	Barbiturate, potassium bromide and alcohol	1
	Alcohol; negative for poison	7
	Cyclobarbitone and alcohol	1
	Barbiturate; negative for alcohol	1
	Pentobarbitone and alcohol	1
	Phenobarbitone and alcohol	1
	Barbitone and alcohol	1
	Barbitone	1
	Barbitone and Carbon Monoxide	1
	Phenobarbitone, carbromal and alcohol	1
	Negative for poison and alcohol	8
	Chloral hydrate and potassium bromide negative for alcohol	2
	Chloral hydrate, potassium bromide and alcohol	1
	Arsenic, lead and alcohol	1
	Carbon monoxide	1
	Strychnine and brucine	1
<i>Viscera and Urine</i>	Nicotine	1
	Arsenic and alcohol	1
	Alcohol; negative for poison	2
	Chloral hydrate, potassium bromide and alcohol	1
<i>Viscera, Blood and Urine</i>	Ethyl alcohol	1
	Paraldehyde	1
	Alcohol	3
<i>Viscera and Cerebro-spinal fluid.</i>	Negative for poison and alcohol	2
	Barbituric Acid derivative	1
	Alcohol; negative for poison	1
<i>Blood</i>	Alcohol	104
	Negative for alcohol	64
<i>Blood and Chest Fluid...</i>	Carbon Monoxide	6
	Negative for carbon monoxide	2
	Sodium Chloride (drowning)	1
	Carbon Monoxide and alcohol.....	1
	Alcohol; negative for carbon monoxide	1
	Alcohol	1
	Sodium Chloride	1
	Negative for alcohol	1
	Alcohol	20
	Urine; Alcohol; blood: negative	2
<i>Blood and Urine</i>	Negative for alcohol	1
	Carbon Monoxide and alcohol.....	1
	Alcohol	1
<i>Blood and Cerebro-spinal fluid.</i>	Alcohol	1
	Alcohol	1
<i>Blood, Urine and Chest fluid.</i>	Alcohol	1
	Alcohol	1
<i>Urine</i>	Alcohol	34
	Negative for alcohol	9
<i>Urine and Stomach Contents.</i>	Alcohol	1
	Alcohol	1
Total Deaths		473

State, Municipal and Departmental Authorities submitted 424 samples of water in connection with the supervision and chemical treatment of water supplies and swimming pools in country districts, and 182 samples for examination for the purpose of checking the efficiency of sewage installations and the control of the discharge of trade wastes and drainage into public places.

Industrial Hygiene Authorities submitted 336 samples for examination in connection with claims under the Workers' Compensation Act, the diagnosis of illness due to occupational causes, conditions of employment in workshops and factories, the ventilation of public halls and theatres, etc.

Miscellaneous Authorities submitted 265 samples for examination including foodstuffs, medicines, disinfectants, flock and bedding materials, human hair and nails, stomach contents, urine, etc.

TABLE I.
Samples examined during the year 1952, for the purposes of the Administration of the Pure Food Act, 1908.

Nature of Sample.	Submitted by—	Number Examined.	Number Adulterated or falsely Described.
Alcoholic Beverage	Food Inspectors	1	1
Ale (summer or temperance drink)	"	1	1
Almond Essence	"	1	...
Apple Rings	"	1	...
Baking Powder	"	1	...
Beer	"	192	7
Beetroot, Canned	"	12	12
Bread	"	254	69
Breakfast Foods	"	2	...
Buns	Municipal Inspectors	1	...
Butter	Food Inspectors	40	7
Cake Filling	"	1	...
Cheese	"	26	5
Cherry Cordials	"	4	...
Cider	"	1	...
Cinnamon	"	4	1
Cloves	"	8	2
Cocoa	"	10	8
Coconut	"	1	...
Coffee	"	4	1
Coffee and Chicory	"	2	...
Colouring Matter	"	5	...
Confectionery	"	3	...
Cream	"	122	11
Cream	Milk Board	143	11
Creaming Soda	Food Inspectors	3	...
Cream Substitutes	"	5	2
Dripping	"	2	...
Fairy Floss	"	4	...
Fish, smoked, fresh, tinned, etc.	"	40	12
Fish Paste	"	2	2
Flour	"	26	1
Fluid from milk can	"	4	3
Ginger, Ground	"	7	1
Ginger Beer	"	3	...
Grapes, in syrup	"	1	...
Grapefruit Flavour Drink	"	1	...
Honey	"	2	...
Ice Cream	"	16	...
Jams	"	16	8
Kola	"	14	4
Lemon Drinks, Cordials, etc. ...	"	41	7
Lemon Essence	"	12	6
Lime Drinks, Cordials, etc.	"	17	5
Mandarin Drinks	"	2	...
Margarine	"	7	6
Meal	"	9	...
<i>Meat:</i>			
Fresh	Food Inspectors	1,072	30
"	Municipal Inspectors	25	2
Minced	Food Inspectors	2,404	254
"	Municipal Inspectors	125	20
Sausages	Food Inspectors	2,922	319
"	Municipal Inspectors	157	20
Tripe	Food Inspectors	249	8
"	Municipal Inspectors	12	...
Smallgoods	Food Inspectors	155	...
Corned Beef	"	1	...
Meat Pie	"	10	...
Camp Pie, tinned	"	1	...
<i>Milk:</i>			
Fresh Milk	Food Inspectors, Metropolitan Districts ...	4,585	89
"	Municipal and Shire Inspectors, Metropolitan Districts ...	1,227	39
"	Food Inspectors, Country Districts ...	1,373	123
"	Municipal and Shire Inspectors, Country Districts	779	80
"	Milk Board	9,535	267
Condensed Milk	Food Inspectors	2	1
Deposit in milk can	"	1	...
Milk Powder, Malted	"	5	3
Nutmeg, Ground.....	"	6	...
Olive Oil	"	30	1
Orange Drinks, Cordials, etc. ...	"	52	6
Orange and Lemon Drink	"	1	...
Passionfruit Drinks.....	"	4	3
Pastry (Jam Tarts)	Municipal Inspectors ...	1	...
Pie Pastry	"	1	...
Peanut Oil	Food Inspectors	7	1
Peas, cooked, dried	"	1	...
Peas, tinned	"	1	...
Pears, tinned	"	2	...
Pepper	"	3	3
Pepsi Cola	"	1	...
Pineapple, tinned	"	2	...
Pineapple Drinks	"	7	3
Plums, tinned	"	2	1
Potatoes, diced	"	2	2
Raspberry Drinks	"	2	1
Rice	"	3	1

TABLE I.—continued.

Nature of Sample.	Submitted by—	Number Ex- amined.	Number Adul- terated or Falsely Described.
Saiad Oil	Food Inspectors	6	...
Salt	" "	5	1
Soap	" "	1	...
Soup	" "	2	2
Sparkle (Summer or Temperance Drink)	" "	2	...
Spirits	" "	47	1
Strawberries, tinned	" "	1	...
Strawberry Syrup	" "	2	1
Sugar	Municipal Inspectors ...	1	1
Tea	Food Inspectors	2	...
Tomatoes, Fresh	" "	1	...
Tomato Sauce	" "	1	...
Vanilla Essence	" "	14	4
Vegetable Extracts	" "	3	...
Walnuts.....	" "	1	1
Wine	" "	159	...
<i>Drugs, Medicines, etc.</i>			
Aspirin Tablets	" "	3	...
Adrenaline Chloride	" "	1	1
Anacin Tablets	" "	1	...
Anlmones Tablets	" "	1	...
Antihistamlne Preparations	" "	16	...
A.P. Tablets.....	" "	1	...
A.P.C. Tabiets	" "	1	...
Aphrodine Tablets	" "	1	...
Ascorbisol Ampoules	" "	2	...
Atropine Sulphate	" "	1	...
Cough Pills	" "	1	...
Betamin-Complex (Vials)	" "	1	...
Chlorodyne	" "	3	...
Citric Acid	" "	21	...
Cod Liver Oil	" "	3	...
Cod Liver Oil Tablets	" "	2	2
Cosmetics	" "	3	...
Cough Remedies	" "	1	...
D-Cal-Phos Tablets.....	" "	1	...
Dexedrine Tablets	" "	1	...
Dextrose 5% in normal saline	" "	1	...
Disinfectants	" "	2	...
Dlsprin Tablets	" "	1	...
Distilled Water (Ampoule) ...	" "	1	...
Dover Powder Tablets	" "	1	...
Edlmuls	" "	1	...
Emplrin Tablets (Aspirin).....	" "	2	...
Ephedrine Hydrochloride ...	" "	1	...
Erythrosine 773 (colouring matter)	" "	1	...
Esterin Tablets	" "	1	...
Ferrous Sulphate.....	" "	6	6
Fluoro Tablets	" "	1	...
Hair Preparations	" "	2	...
Hormone Cream	" "	1	...
Juvogen Tablets	" "	1	...
Lanolin	" "	3	...
Llver Salts	" "	1	...
Malonal Tablets	" "	1	...
Mandrex	" "	1	...
Molasses	" "	2	...
Myzone Tablets	" "	1	...
Neurandal Tahlets	" "	1	...
Normal Saline	" "	1	...
Nu-Man	" "	1	...
Oestradielos Injection (Am- poule).....	" "	2	...
Paint	" "	1	...
Papaverine Hydrochloride.....	" "	1	...
Persomnla Tablets	" "	1	...
Phenacetln	" "	3	...
Phenergan Tablets	" "	2	...
Procaine Hydrochloride	" "	2	...
Procalne with Adrenaline (Vial)	" "	1	...
Rheumatism Remedies	" "	2	...
Seasick Remedies	" "	12	...
Skin Ointment	" "	1	...
Sodium Iodide	" "	2	...
Tarry Matter	Municipal Inspectors ..	1	...
Trachiform Tablets	Food Inspectors	1	...
Veganin Tablets	" "	1	...
Vitamine B ₁₂ Ampoule	" "	1	...
Vltex	" "	1	...
Vito Gian Tablets	" "	2	...
Water for Injection (Ampoule)	" "	3	...
Female Pills (Welch's)	" "	1	...
Wood (plywood pieces)	" "	1	...
Yeast Tablets	" "	1	...
Yeast Improvers	" "	2	...
Total		26,238	1,491

TABLE II.

Samples examined during the year 1952, for the Public Services
of the State.

Authority Submltting.	Nature of Sample.	Number of Samples.
<i>Subsidised Institutions</i>	Ampoules	1
	Blood	11
	Bone Marrow	1
	Bread	1
	Cat Gut Solution	3
	Cerebrospinal fluid	4
	Epidermis	1

TABLE II.—continued.

Authority Submitting.	Nature of Sample.	Number of Samples.
<i>Subsidised Institutions—cont'd</i> ...	Faeces	3
	Flour	2
	Foodstuffs for poisoning	1
	Hair, human	26
	Insecticide	1
	Isonicitinic Acid Hydraside Tablets	1
	Meat, fresh	200
	Milk, fresh	2
	Nails, human	14
	Nupercaine	1
	Paint	1
	Pentothal	1
	Powdcr	1
	Serum	1
<i>Government Stores Department</i> ...	Stomach Contents	14
	Urine	202
	Vlscera, human	2
	Vomlt	5
	Water	1
	Acetanilide	1
	Acetic Acid	13
	Acetylsalicylic Acid	9
	Aconlte, Belladonna and Chloroform, Liniment of	2
	Acriflavine	3
	Alcohol, Absolute	7
	Alum, powdered	1
	Aminoacridine Emulsion	1
	Amlnoacridine Hydrochloride Solution	1
	Ammonia and Senega, Mixture of	4
	Antimony Tartrate, Tincture of	1
	A.P.C. Tablets	7
	A.P.C. Mixture	17
	Ascorbic Acid Tablets	8
	Baking Powder	3
	Barbltone Tablets	2
	Barlum Sulphate	2
	Belladonna, Tincture of	1
	Belladonna, Concentrated Tinc- ture of	1
	Benedict's Solution, Qualitative	3
	Benzocaine	1
	Benzoic Acid	2
	Benzyl Benzoate Emulslon	1
	Bismuth Mixtures	10
	Bismuth and Opium Mixtures ...	1
	Blaud's Pills	2
	Caffeine, Pure	1
	Calamine Lotion and Carbolic Acid	1
	Calcium Lactate Tablets	3
	Calcium Lactate Powder	1
	Calomel Tablets	4
	Camphorated Oils	4
	Cantharadin, Concentrated Tinc- ture of	1
	Cardamon, Tincture of	1
	Cardamom, Compound Tincture of	1
	Cascara Sagrada, Liquid Extract	2
	Cat Gut Solutions	6
	Catechu, Tincture of	1
	Catechu and Opium Mixtures ...	3
	Chalk, Precipitated	1
	Chloral Hydrate	6
	Chlorodyne	2
	Chloroform	31
	Cinnamon Water, Concentrated ...	1
	Cleansers	5
	Codeine Phosphate	4
	Codeine Phosphate Tablets	2
	Colocynth and Hyoscyamus Tablets	2
	Colouring Matter	4
	Cough Mixture	2
	Creosote	2
	Custard Powder	3
	Digltatis, Tincture of.....	1
	Disinfectants	25
	Distilled water	2
	Dover Powder Tablets	3
	Ephedrine Hydrochloride	2
	Ephedrine Hydrochloride Tablets	1
	Ergot, Liquid Extract of	1
	Ergot and Strychnine Tablets ...	1
	Ether.....	3
	Eucalyptus Oil	1
	Expectorans Mixture	3
	Fehling's Solution No. 1	1
	Fehling's Solution No. 2	1
	Ferric and Ammonium Cltrate ...	3
	Ferric Perchloride, Strong Solution	2
	Ferrous Phosphale, Compound Syrup	2
	Ferrous Sulphate, Compound Tablets of	3
	Frlars Balsam	1
	Gentlan, Mixture of	2
	Glycerine	1
	Glycerine of Borax	4
	Glycerophosphates, Compound Syrup	1
	Gualacum, Tuncture of.....	1
	Heroin, Linctus	1
	Hydrobromic Acid, Concentrated	1
	Hydrochloric Acid, dilute.....	2
	Hydrocyanic Acid, dilute	2
	Hydroquinonc	2
	Hyoscyamus, Concentrated Tinc- ture of	1
	Ichthammol	6
	Ink	4
	Ink, Marking	3
	Ink Powder	6

TABLE II.—continued.

Authority Submitting.	Nature of Sample.	Number of Samples.
<i>Government Stores Department—continued.</i>	Insecticide	1
	Iodine, Weak Solution	4
	Iodine, Strong Solution	1
	Iodine, Tincture of	2
	Ipecacuanha, Tincture	3
	Ipecacuanha and Squill, Mixture of	1
	Junket Tablets	1
	Kaolin, Colloidal.....	1
	Lactic Acid	1
	Liquorice, Compound Powder ...	1
	Lobelia and Ether, Concentrated...	1
	Lobelia, Ethereal, Concentrated Tincture	2
	Lobelia and Stramonium, Mixture of	4
	Lubricants	69
	Magnesium Carbonate, Heavy.....	1
	Mait Vite	1
	Margarine	3
	Mercurial Ointment	2
	Mercuric Perchloride	2
	Mercurochrome, Solution of	2
	Mercurous Chloride	1
	Mercury with chalk	1
	Mercury Oxycyanide	2
	Methyl Salicylate, Liniment of ...	1
	Morphine Compounds	4
	Mother's Tonic	1
	Nitre, Sweet Spirit of	1
	Nitric Acid, dilute	1
	Nux Vomica, Tincture of.....	5
	Nux Vomica, Liquid Extract of	2
	Opium Compounds.....	13
	Orange, Syrup of	2
	Paraldehyde	12
	Peppermint, Spirit of	1
	Peppermint Water	1
	Phenacetin	4
	Phenacetin Tablets	1
	Phenobarbitone, Soluble	2
	Phenobarbitone Tablets	8
	Phenol Ointment	1
	Phenolphthalein, Compound Tablets	1
	Phenolphthalein Powder	1
	Phenytoin Tablets	2
	Phosphoric Acid	1
	Plaster, adhesive	2
	Plastic tube	1
	Potash, Solution of	2
	Potassium Bicarbonate	2
	Potassium Bromide Mixture	13
	Potassium Carbonate	1
	Potassium Chlorate	2
	Potassium Chlorate Tablets	1
	Potassium Citrate Mixture	7
	Potassium Iodide	3
	Potassium Iodide Tablets.....	1
	Potassium Metabisulphite	2
	Potassium Nitrate	1
	Procaine Hydrochloride	1
	Proflavine Solution	1
	Putty	2
	Q.E.S. Tablets	4
	Resorcin	1
	Salicylic Acid	1
	Senega, Concentrated Infusion ...	1
	Silver Nitrate	1
	Soap	19
	Sodium Acetate	1
	Sodium Benzoate	1
	Sodium Bisulphite	1
	Sodium Nitrate	1
	Sodium Nitrite	2
	Sodium Salicylate	3
	Sodium Sulphite	4
	Squill Compounds	8
	Stilboestrol Tablets	3
	Strychnine Hydrochloride.....	2
	Sulfadiazine Tablets	4
	Sulfaguanidine Tablets	4
	Sulfamerazine Tablets	2
	Sulfanilamide	1
	Sulphanol	2
	Sulphuric Acid, dilute	1
	Tar Ointment	1
	Theobromine Tablets, Compound	2
	Theobromine and Phenobarbitone Tablets	1
	Tolutanus, Syrup of	1
	Tragacanth, Powdered	1

TABLE II.—continued.

Authority Submitting.	Nature of Sample.	Number of Samples.
<i>Government Stores Department—continued.</i>	Trinitrin Tablets.....	2
	Triplex Syrup	2
	Turpentine	2
	Tussl, Mixture of	2
	Unna's Paste	2
	Vegetable Extract	1
	Vegetable Laxative Tablets	2
<i>Police Department</i>	Vitamin B ₁ tablets	8
	Water	2
	Waterproof sheeting	3
	Criminal Investigations	285
	Coroners' Enquiries (Human Viscera, Blood, etc.)	1,153
	Animal Viscera	5
	Water	424
	Sewage	182
<i>Municipal and Departmental Authorities.</i>		
<i>Industrial Hygiene Authorities.....</i>	Air	24
	Beer	1
	Dust	47
<i>Miscellaneous Authorities</i>	Faeces	1
	Hair, Human	12
	Kerosene tin	1
	Nails, human	11
	Paint	6
	Paper, coloured	1
	Rock	1
	Urine	230
	Water	1
	Acetone.....	1
	Ascorbic Acid Tablets	1
	Balts	2
	Beer bottle	1
	Berries	1
	Beverage	1
	Bicarbonate of Soda	1
	Blood	16
	Bread	42
	Cake	1
	Cecon	1
	Cocoa	2
	Coffee Preparation	1
	Contraceptive	1
	Cream	1
	Disinfectant	2
	Faeces	2
	Flock	27
	Flour	8
	Flour, Self Raising	5
	Foodstuffs for poisoning	2
	Gluten	4
	Goshenite	1
	Hair, Human	9
	Ink Powder	1
	Lead Acetate Papers	1
	Liquid	1
	Lubricants	26
	Magnesium Trisilicate	1
	Milk, goat's	1
	Milk, fresh	2
	Milk, unsweetened condensed	1
	Milk, human	25
	Nails, human	6
	Noodles	2
	Paint	2
	Peameal	1
	Potassium citrate and hyoscyamus	1
	Rose Hlp Syrup	2
	Rubra Lotion	1
	Scones	1
	Semolina	3
	Soap	1
	Sodium Salicylate	1
	Soup	1
	Stomach Contents	3
	Sugar	1
	Sulfathiazole Tablets	2
	Sulfadiazine Tablets	4
	Tea	1
	Textiles	1
	Tl Tree pillow	1
	Toy	1
	Urine	30
	Vomit	1
	Viscera, human	1
	Viscera, animal	3
	Water	1
	Scrapings from water tank	1
	Total	3,755

PURE FOOD ACT, 1908.

Report of the Chief Inspector on the General Administration of the Pure Food Act, 1908, for the year ended 31st December, 1952.

Staff.

Chief Inspector, W. J. Madgwick, M.R.San.I. (London), F.I.H.S. (Aust.); one deputy chief inspector; one senior inspector at Newcastle; eight metropolitan inspectors; two country inspectors.

Standard Staff as at 31st December, 1952.

One chief inspector, one deputy chief inspector, one senior inspector at Newcastle, ten metropolitan inspectors, two country inspectors.

I submit herewith particulars of the work performed by the staff of the Pure Food Branch for the year ended 31st December, 1952. The work includes the supervision of the sale of food and drugs, the premises in which they are prepared, stored, etc., and the equipment, appliances, vehicles, etc., and the carrying out of the incidental duties necessary to secure the wholesomeness, cleanliness and freedom from contamination of food and drugs, and compliance with the legal provisions as set out in the Act and Regulations thereunder.

Milk.—6,209 samples were purchased for analysis throughout the State by Departmental officers of which 203 were found not to be in accordance with the standard. Thirty-six warnings were issued, and legal proceedings instituted in 167 cases, fines and costs imposed in connection therewith amounting to £753.

Cream.—124 samples were purchased for analysis and although the quality of cream, generally, was found to be satisfactory, it was found necessary to proceed against nine traders for selling cream which was obtained from Victoria and which contained gelatine. Fines and costs amounted to £48 7s.

Butter.—Thirty-eight samples purchased for analysis. Of this number many were purchased from traders operating sandwich bars. In cases where mixtures of butter, water and foreign fats were used as a spread for buttered rolls, etc., six prosecutions were instituted, which resulted in fines and costs amounting to £49 12s. being imposed.

Bread.—266 samples were submitted for analysis. Twenty-four warnings were issued and twenty-nine prosecutions were instituted for bread samples of the wholemeal and brown variety, which were deficient in crude fibre. The amount of fines and costs imposed was £135 16s.

Cordials.—171 samples of cordials were submitted for analysis and seventeen prosecutions were instituted for their failure to comply with the prescribed fruit juice strength. Fines and costs amounted to £82 6s.

Meat.—Much attention was again given by the staff to the question of meat, particularly with reference to the presence of preservatives. 6,871 samples of meat which included sausages, chops, steak, joints being submitted for analysis. Of these 533 samples contained either an excess of, or prohibited preservative. Warnings were given in 178 cases, and legal proceedings instituted in connection with 355 samples, the fines and costs imposed, amounting to £1,744 5s. 6d.

Seizure and Destruction of Food and Drugs.—Considerable quantities of food and drugs in a deteriorated condition were seized by officers of the Branch. Included in the amount destroyed under supervision, were over 138 tons, in addition to 54,865 tins, and 2,039 other packages. 12,787 head of poultry which were in a diseased or emaciated condition were also destroyed under supervision at the Poultry Markets.

Premises.—Over 12,900 premises used in connection with the preparation, storage or sale of food were inspected by officers of this Branch, and many notices were served on traders concerned to effect improvements thereto. It was found necessary to institute legal proceedings again twelve traders for failure to keep their food premises clean and the court imposed penalties amounting to £120 15s.

Breaches.—Many breaches of the regulations were detected by inspectors of the Branch, and 115 prosecutions were instituted for offences such as smoking whilst preparing food, exposure of food to contamination, improperly wrapped food, etc. Fines and costs imposed amounted to £420 16s.

Inspectors of the Branch also made several investigations into the illegal practice of dentistry and eight persons were prosecuted for this offence, resulting in the imposition of £216 7s. in fines and costs.

One dentist was also proceeded against for having an unclean surgery and he was fined £25 with 12s. costs.

Details of the work carried out in 1952 are given in the attached sheets.

TABLE I.

Summary of Work Performed by Pure Food Officers during the Year ended 31st December, 1952.

Samples of Milk.	Samples taken by Departmental Officers.	Samples taken by Municipal and Shire Council Inspectors.	Total.
No. of samples taken from all parts of the State	6,209	1,723	7,932
No. of samples below standard ...	203	95	298
No. of warnings	36	24	60
No. of prosecutions	167	71	238
Amount of fines and costs	£ s. d. 753 9 0	£ s. d. 355 10 6	£ s. d. 1,108 19 6

<i>Food and Drugs other than Milk—</i>	Total.
No. of samples taken from all parts of the State...	8,272
No. of prosecutions	435
	£ s. d.
Amount of fines and costs	2,194 19 6

Food unfit for consumption seized and destroyed.—The seizures comprised over 138 tons 12 cwt. of assorted foods and drugs, also 54,865 tins, 1,442 packets, 597 bottles of assorted foods. 12,787 head of poultry were destroyed as being unfit for the food of man.

Inspection of premises used for the preparation, sale and storage of food.—

No. of premises inspected in all parts of the State	12,924
No. of prosecutions	12
	£ s. d.
Amount of fines and costs	120 15 0

General Breaches of the Act and Regulations—

Prosecutions	140
	£ s. d.
Fines and costs	588 4 0

Investigations regarding subjects other than food—

<i>Illegal practise of dentistry—</i>	
Prosecutions	8
	£ s. d.
Fines and costs	216 7 0
Unclean dental surgery (Local Govt. Act Ord. 39)—	
Prosecution	1
	£ s. d.
Fines and costs	25 12 0

TABLE II.

Summary of Legal Proceedings Instituted by Officers of the Pure Food Branch during the year ended 31st December, 1952.

	Prosecutions.	Fines and Costs.
		£ s. d.
Adulterated milk	167	753 9 0
Adulterated food (other than milk) and drugs	435	2,194 19 6
Unclean premises	12	120 15 0
General breaches	140	588 4 0
Total	754	3,657 7 6
L.G.O. and dental	9	241 19 0
	763	£3,899 6 6

TABLE III.

Summary of Work carried out by Pure Food Officers under the Pure Food Act, 1908-44, from the date of its operation, October, 1909, to 31st December, 1952.

	Prosecutions.	Fines and Costs.		
		£	s.	d.
No. of premises inspected (405,862)	2,753	14,778	17	6
General breaches of the Act	2,637	9,018	7	6
Milk samples (356,090)	7,302	30,328	9	0
Food and drug samples (181,594)...	9,111	29,013	14	8
Food and drug seizures	430	1,870	7	0
	22,233	85,008	15	8

GENERAL BREACHES OF PURE FOOD ACT AND REGULATIONS.
Particulars of Prosecutions.

Offence.	No.	Fines and Costs.		
		£	s.	d.
Smoking on food premises during the handling of food for sale.....	35	147	18	0
Did sell unlabelled oysters	3	7	16	0
Did sell uncovered bread	20	107	8	0
Did sell unclean bread	2	11	4	0
Did sell improperly wrapped bread.....	51	134	2	0
Did deliver bread for sale in sedan car	2	11	4	0
Did sell improperly wrapped meat	9	31	8	0
Did deliver meat in sedan car	1	10	12	0
Did sell unlabelled beer	1	5	12	0
Did sell cordial in unclean bottle	1	20	12	0
Did expose food to contamination	1	3	12	0
Did sell potato chips in printed paper	1	5	14	0
Wipe fruit with dirty cloth	1	3	12	0
Store food in bedroom	1	4	0	0
Unclean in refrigerator	1	3	13	0
Insects in flour elevator	1	20	12	0
Carry water on milk cart	1	10	12	0
Deliver ice in uncovered vehicle	2	11	4	0
Use insulting words	1	6	7	0
Failure to keep premises free from rats	2	7	6	0
Failure to keep premises free from cats	1	2	12	0
Failure to keep premises free from mice	1	15	12	0
Failure to keep premises free from dogs	1	5	12	0
Total	140	£588	4	0

FOOD AND DRUG SAMPLES.

Particulars of samples of food (other than milk) and drugs taken for analysis by Departmental Officers during the year 1952.

Sample.	No. of Samples.	Warn-ings.	Prosecu-tions.	Fines and Costs.		
				£	s.	d.
Beer	200	1	...	...	...	...
Butter	33	1	6	49	12	0
Bread	266	24	29	135	16	0
Baking powder	1	...	...	...	...	...
Cream	124	...	9	48	7	0
Coffee and chicory	6	...	...	...	...	...
Cheese	26	...	...	...	...	...
Confectionery	1	...	...	...	...	...
Cordials.....	171	12	17	82	6	0
Cereals	1	...	2	16	4	0
Dripping	1	...	...	...	...	...
Drugs	101	...	...	...	...	...
Essences	24	...	...	...	...	...
Fruits, preserved.....	10	...	...	...	...	...
Fish	37	...	1	10	12	0
Prawns .....	...	...	2	5	4	0
Flour	36	...	...	...	...	...
General	133	...	15	102	13	0
Ginger	7	...	...	...	...	...
Honey	4	...	...	...	...	...
Ice cream	19	...	...	...	...	...
Jam	16	3	...	...	...	...
Margarine	6	...	...	...	...	...
Milk, processed	5	...	...	...	...	...
Meat, processed	34	...	...	...	...	...
Meat	6,871	178	355	1,744	5	6
Malt	1	...	...	...	...	...
Oils, edible	43	...	...	...	...	...
Pepper	11	...	...	...	...	...
Salt	1	...	...	...	...	...
Wines, spirits	60	1	...	...	...	...
Tea	2	...	...	...	...	...
Vegctables	15	...	...	...	...	...
Yeast.....	1	...	...	...	...	...
Totals	8,272	220	435	2,194	19	6

SEIZURES.

Particulars of goods seized as unfit for human consumption and destroyed by Officers under the Pure Food Act during the period January 1st, 1952, to December 31st, 1952.

Article.	Tins.	Packets.	Bottles.	T. C. Q.		
Assorted foods	667	260	24	36	10	3
Cocoa powder .....	...	...	...	50	6	0
Confectionery.....	...	774	...	7	14	0
Cheese .....	...	...	...	0	19	0
Drugs .....	...	23	...	...	...	...
Cordials .....	...	...	350	...	...	...
Fruit, preserved	1,974	...	8	13	7	3
Fruit, dried .....	...	267	...	18	0	2
Fruit, fresh .....	...	...	...	2	12	0
Fish	10,732	...	...	6	6	0
Jam	28	...	...	...	...	...
Meat	126	118	...	0	10	3
Nuts .....	...	...	...	2	3	1
Poultry	12,787 (head)	...	...	...	...	...
Soup	123	...	...	...	...	...
Wine, beer, stout and spirits .....	...	...	215	...	...	...
Vegetables	41,233	...	...	0	2	1

Total, 138 tons 12 cwt. 1 qr. of assorted food and drugs and 54,865 tins, 1,442 packets, and 597 bottles of the same, and 12,787 head of poultry.

INSPECTIONS.

Inspections in Country Districts during 1952 by Officers of the Pure Food Branch.

District.	No. of Inspections.
Albury	36
Armidale	54
Bathurst	23
Blue Mountains	35
Blaxland	17
Bourke	11
Bowral	11
Broken Hill	41
Cessnock	54
Cobar	22
Condobolin	17
Canobolis	9
Cooma	42
Coolamon	21
Cootamundra	7
Cowra	17
Crookwell	34
Dorrigo	38
Dungog	34
Eurobodalla	35
Forbes	32
Gladstone	11
Glen Innes.....	40
Gloucester	22
Gundagai	14
Gunnedah	26
Goulburn	35
Gosford	14
Grafton	20
Hastings	57
Hay	17
Imlay	54
Junee	8
Kearsley	40
Kempsey	70
Kiama	6
Lake Macquarie	110
Lismore	48
Lithgow	25
Lower Hunter	28
Lyndhurst	4
Macleay	4
Maclean	27
Manilla	9

TABLE III.—INSPECTIONS—continued.

District.	No. of Inspections.
Maitland	77
Manning.....	16
Molong	53
Moree	41
Moss Vale	8
Mudgee	62
Mulwarra	10
Muswellbrook	12
Narrabri.....	30
Narrandera	9
Narromine	44
Nambucca	60
Newcastle	492
Nowra	12
Nyngan	6
Oberon	4
Orange	80
Parkes	59
Peak Hill	6
Penrith	90
Port Macquarie	23
Port Stephens	8
Queenbeyan	7
Richmond	7
Rylstone	13
Seone	5
Shoalhaven	56
Singleton	26

TABLE III.—INSPECTIONS—continued.

District.	No. of Inspections.
South Grafton	8
Stroud	40
Tamworth	41
Taree	38
Tenterfield	24
Tumut	16
Tweed	37
Timbrebongie	10
Wade	14
Wagga Wagga	32
Wauchope	47
Wellington.....	28
Wingecarrabie	26
Wingham	19
Wollongong	84
Woodstock	6
Wyong	20
Yass	29
Total Inspections—	
Country	3,126
Metropolitan	9,798
Grand Total	12,924

Prosecutions for unclean premises, 12.
Amount of fines and costs, £120 15s. 0d.

HEALTH INSPECTON BRANCH.

Annual Report of the Activities of the Health Inspection Branch during the Year Ended 31st December, 1952.

Staff.—Chief Health Inspector, K. R. Horne, F.I.H.S. (Aust); Deputy Health Inspector, D. H. Way, F.I.H.S. (Aust.); nine health inspectors, two surveyors, one female tracer, and one junior clerk.

During the year there were a number of changes in the personnel of the staff as follows:—

Mr. G. A. Garrow, Chief Health Inspector, retired 17th June, 1952.

Mr. K. R. Horne, Deputy Chief Health Inspector, was appointed Chief Health Inspector as from 17th June, 1952.

Mr. D. H. Way, Senior Health Inspector, was appointed Deputy Chief Health Inspector as from 17th June, 1952.

Mr. H. K. Evans was appointed Senior Health Inspector, Mitchell Health District, Bathurst, as from 17th June, 1952.

Miss B. Jones, Senior Female Tracer, commenced duty on 14th July, 1952, vice Mrs. J. Travis who resigned on 16th January, 1952.

Mr. W. A. Coe, Health Inspector, commenced duty on 24th September, 1952, to fill a vacancy caused through retirement of Mr. Garrow and subsequent reshuffle of positions.

Messrs. W. Webb and J. Glanville, Rat Catchers on this staff, were transferred to other positions owing to the abolishment of their positions.

Towns.—A total of twenty-six inspections were made—two primary and twenty-four re-inspections.

Insanitary Buildings.—Fifteen buildings were inspected, and the respective local authorities were requested to take suitable action to cause necessary repairs and alterations to be carried out.

It was recommended that a closing order be issued in respect of one building.

Guest and Boarding Houses.—Eight were inspected, and where necessary, suitable action was recommended.

Shop Premises.—Two hundred and thirty-seven were inspected, and appropriate action taken.

Hospitals, Institutions and Schools.—Inspections were made of sixty-four separate premises and necessary action recommended.

Public Halls and Theatres.—Thirty-nine inspections were made and sixteen air tests were carried out in conjunction with an officer from the Division of Industrial Hygiene.

Hotel Premises.—Sixty-six separate premises were inspected and reports with recommendations were forwarded to the controlling authority for necessary action.

Swimming Pools.—Inspections were made of three swimming pools and treatment plants and reports submitted thereon.

Noxious Trades.—Eight hundred and thirteen inspections and re-inspections of noxious trades premises, including knackers' premises, were made, and appropriate action taken.

During the year the provisions of the Noxious Trades Act were extended to the Narrandera Municipality and the Shires of Yanco, Carrathool and Snowy River.

Flock and Bedding Material.—Forty-two samples of flock and bedding material were obtained for examination.

Sixty-seven premises dealing in flock and bedding were inspected, and where necessary, suitable action taken.

Camps, Showgrounds, Cemeteries, etc.—Twenty-three inspections were made, and where necessary, suitable action was recommended.

Saleyards.—Eight inspections were made of saleyards, and suitable action recommended. Three sites for new saleyards were inspected.

Scavenging Districts, Sanitary Depots, Garbage Incinerators and Proposed Sites for Depots.—Seven descriptions and plans of proposed scavenging district were examined. Several of these were amended or recast before approval was recommended.

One hundred and two sanitary depots were inspected, and where found necessary, suitable action recommended.

Thirty-two proposed sites for sanitary depots were inspected, and where found suitable, were recommended for statutory approval.

Sanitary Service Investigations.—The conduct of five sanitary services were investigated, and suitable action taken where considered necessary. In one instance it was recommended that council instal a sanitary service.

Septic Tanks and Sewerage Treatment Works.—3,153 plans of proposed septic tanks were examined and reported upon, and where found necessary, were either amended or not recommended for approval. 2,774 sites for septic tanks were inspected by officers of this Branch, and 203 sites found unsuitable were not recommended.

Seventy-two existing septic tanks and sewerage treatment works were inspected (includes disposal of final effluent), and suitable action recommended when found necessary.

Public and Private Water Supplies.—Three water supplies and sources of water supply were investigated, and seventy-five samples of water were collected for chemical analysis and bacteriological examination. Suitable action was recommended where found necessary.

Unhealthy Building Land.—About 112 surveys and 219 check surveys and inspections of land were made.

Inquiries from solicitors and others relating to notified land totalled 25,992 and these were revenue-producing to the extent of £6,498.

Twenty-one plans of notified areas were redrawn and four new plans for proposed areas were compiled. It might be noted that the position of senior tracer was vacant for several months following the resignation of Mrs. J. Travis.

In addition, searches were made and plans prepared from plans and data at the Registrar-General's Office in connection with inquiries made by solicitors and others relating to notified land.

Certain lands in the Shire of Wyong and the City of Parramatta were notified as unfit for building purposes by notice in the *Government Gazette*.

Surveys are being effected and plans, specifications and notices are in process of being prepared of other areas in various parts of the State which are considered unfit for building purposes.

Owing to the continued increase in survey and check survey work, and work incidental to inquiries by solicitors and others relating to land notified as unfit for building purposes, a number of applications from councils respecting land in their areas cannot yet be attended to.

Infectious Diseases.—Four outbreaks of infectious diseases were investigated.

Rat Infestation.—Twelve investigations of rat infestation in public buildings were made and where found necessary, suitable action was taken.

Sydney Wharves.—One hundred and eight visits were made to the wharves and the controlling authorities notified where repairs, eradication of rats and other matters required attention.

Re-inspection of the wharves disclosed that the work required has been or is being carried out.

Nuisances.—Sixty-eight investigations of complaints respecting drainage, pollution of water courses and beaches, and other alleged nuisances were made following which action considered necessary was recommended.

In addition, a great number of telephone calls from and interviews with persons residing in the metropolitan health district were dealt with by officers of this Branch.

Sorting of Dead Wool.—Fourteen visits were made to premises on which this process is carried on and where considered necessary advice was given.

Samples of Water, Effluent, Air and Soil.—Ninety-one samples were collected for analysis and microbiological examination on the results of which, suitable action was recommended.

Inspection of Dairies.—Two applications by shire councils to be appointed local authority under the Dairies Supervision Act, 1902, were investigated and recommended. One application was not recommended. During these investigations, forty-eight dairy premises were inspected.

Legal Proceedings.—Fifty-five prosecutions were instituted for breaches of various Acts, Regulations and Ordinances and fines and costs amounting to £181 16s. were imposed.

Departmental Officers appeared as witnesses in two prosecutions instituted by Councils at the request of this Department and in three cases before the Licensing Court.

The Department was successful in two appeals lodged against decisions given by Magistrates.

Miscellaneous.—Special investigations were made by Departmental Officers regarding flood damage and action to be taken by Councils in this regard at Wagga, Darlington Point, Forbes, Canowindra, Cowra and Gooloogong.

An investigation was carried out in connection with an outbreak of gastro-enteritis at Point Wolstoncroft National Fitness Camp.

Inquiries were made regarding the use of the term "Approved by the Board of Health" in advertising matter for electric vacuum cleaner.

Inspections were made of National Fitness Camps and two Aborigine Reserves.

Investigations were made regarding allegations that horse meat from knacker's premises was being sold for human consumption and during investigation thirty-nine visits to pets' food shops were made.

Committees.—An officer of this Branch represents the Department on the following Committees:—

- Building Regulations Advisory.
- Cyanide Examination.
- Country Abattoirs.
- Standards Association.

PRIVATE HOSPITALS ACT, 1908.

Report for the year ending 31st December, 1952, by A. J. Hope, M.B., Ch.M.

On 31st December, 1952, there remained 180 private hospitals with bed-carrying capacity of 2,713, representing losses of sixteen and 188 respectively. These losses maintain the sorry story which has been a feature over the last many years; all three categories being affected except that catering for medical and surgical cases, which, although showing a loss in the number of hospitals yet showed a small gain of twenty in the number of beds.

TABLE I sets out the position.

1952.	Hospitals.				Number of Beds.			
	Medical, Surgical and Lying-in.	Medical and Surgical.	Lying-in.	Total.	Medical, Surgical and Lying-in.	Medical and Surgical	Lying-in.	Total.
Sydney	30	49	21	100	859	1,108	122	2,089
Country	48	11	21	80	315	178	131	624
Total	78	60	42	180	1,174	1,286	253	2,713
Loss or gain	loss 8	loss 4	loss 4	loss 16	205	gain 20	loss 3	loss 188
Percentage	11.6%	6%	8.7%	8%	14.9%	1.5%	1.18%	6.4%

TABLE II.—Showing classification of private hospitals licensed with respect to size as signified by the number of beds available.

	1 bed.	2 beds.	3 beds.	4-5 beds.	6-10 beds.	11-20 beds.	Over 20.	Total.
Metropolitan	1	3	3	7	29	27	30	100
Country	9	8	5	14	24	16	4	80
Total	10	11	8	21	53	43	34	180

Again, those hospitals which are licensed to receive six to twenty and over constitute the great majority being 72 per cent. as previously.

TABLE III.—Showing general decline in numbers of different types of hospitals in the full 5-year period December 31st, 1947, to December 31st, 1952.

	Total Hos- pitals.	Total beds.	Medical Surgical and Lying- in.	Medical and Surgical.	Lying- in.	1 bed.	2 beds.	3 beds.	4-5 beds.	6-10 beds.	11-20 beds.	Over 20.
1947	310	3,774	154	62	94	13	20	22	44	99	73	39
1952	180	2,713	78	60	42	10	11	8	21	53	43	34
Decrease	130	1,061	76	2	52	3	9	14	23	46	30	5
Percentage	41·9%	28%	49·3%	3·2%	55·3%	23%	45%	63·6%	52%	46·3%	41%	12·9%

Along with this heavy and persistent decline in the number of private hospitals, convalescent homes continue to increase and flourish. There is a tendency also for the latter to attempt to usurp the functions of private hospitals and constant vigilance is required of the supervisory nurses in this regard. Cases of septicaemia now seem to belong to past history,

none were reported during the year. Convalescent homes are not bound to notify this Department when they start and the existence of some is discovered by chance or through a newspaper advertisement. Possibly, many carry on without our knowledge, a matter which makes supervision a little more difficult.

HOSPITAL ADMISSION DEPOT. MEDICO-LEGAL SECTION, ETC.

Report of the Government Medical Officer for Sydney for the year ended 31st December, 1952.

Medical Staff.

Dr. C. E. Percy, Government Medical Officer for Sydney.
Dr. S. H. Hankins, Assistant Medical Officer.
Dr. W. H. N. Randall, Assistant Medical Officer.
Dr. J. L. Harrison, Assistant Medical Officer.

Hospital Admission Depot.

Assistants, three. Night Officer, one. (Mr. R. Duncan, Officer in Charge; Mr. S. Jenkins; Mr. R. A. Duncan.) Mr. G. F. Brown, Relieving Escort Attendant. Mr. A. Hale, Night Officer.

Medical Work.

Admissions to Hospitals and Homes:—Two thousand and ninety-six persons were admitted through the Depot to Metropolitan Hospitals, 3,594 to State Hospitals and Homes, and 893 to Convalescent Homes. Admissions of country residents to Metropolitan and Base Hospitals were also arranged. Ambulance removals arranged by the Depot totalled 8,826.

Medical Examinations for State Government Departments.—Two thousand eight hundred and forty-three were performed, some persons being visited in their own homes.

Medical Examinations of Police Recruits, Etc.—One thousand three hundred and ninety-two recruits (probationary constables and police cadets) were examined (408 of these were re-examined at a later date), 330 probationary constables were

examined after twelve months' service and 78 police cadets were given periodical examinations during the year.

Medical Examination of Sick Police.—Matters concerning the health of the Police Force are dealt with. The average daily number of police on sick report was 105.

Medico-legal Work.

Examinations of Alleged Rape and Criminal Assault Cases.—Eighty-seven examinations were made, exhibits connected with such cases were examined, and evidence was given at various courts.

Work for the Coroner's Court.—The Government Medical Officer performed post-mortem examinations at the City Morgue in connection with suicides, homicides, violent and uncertified deaths.

Lunacy Work.—The Reception House at Darlinghurst is visited daily—1,612 cases were certified as insane.

Vaccinations Against Smallpox.—Two thousand five hundred and twenty-six vaccinations were performed for the Police Force and the General Public, and an additional 3,244 International Certificates were issued confirming vaccinations by other practitioners.

Throat Swabbings.—Two hundred and seventy swabbings were taken in cases of children being admitted to various homes.

Annual Report of the Government Medical Officer, Newcastle, for Year Ending 31st December, 1952.

Staff.

Dr. C. W. England—Government Medical Officer.

Medical Work.

- 1. Examination of persons for appointment to and fitness to continue in the Public Service for State Government Departments, and also for various allied bodies, 197.
- 2. Examinations of returned-soldier applicants for travelling concessions, 93.
- 3. Examination of persons for Child Welfare Department allowances, etc., nil.
- 4. Attendance at the Reception House, Newcastle, in con-

nection with the examination and certification of insane patients, 326.

5. The G.M.O. is a medical referee and member of the local Medical Board for the Workers' Compensation Commission, 21.

Medico-legal Work.

- 1. The performance of autopsies at the request of the District Coroner in cases of homicide, suicide and violent and uncertified deaths, 280.
- 2. The examination of persons at the request of the Police Department in cases of rape, assault, etc., 24.
- 3. Attendance at various courts and the giving of evidence in connection with any of the above cases.

HEALTH EDUCATION AND PROPAGANDA.

Annual Report of the Publicity Officer for 1952.

The special Vote for health propaganda in 1952-53 was £15,500, an amount of £4,500 less than that allotted the previous financial year. With inflationary prices and the heavy reduction in the Vote, the extent of the publicity campaign conducted in the latter part of 1952 had to be restricted.

Press Publicity.

Again it was not possible to arrange press publicity but, as in previous years, many city and country newspapers printed special articles prepared and distributed at regular intervals throughout the year by the publicity and nutrition branches. During Health Week, in particular, newspapers devoted quite considerable amounts of space to health articles and features which were prepared in collaboration with the Department.

Broadcasting.

Paid radio advertising was not used by the Department for Health propaganda during 1952 but, nevertheless, time on the air was given by broadcasting stations for special scripts prepared by the Publicity and Nutrition branches. The broadcasting stations were particularly helpful during Health Week when they broadcast recorded talks, scatters and scripts prepared in the Department.

Poster and Sticker Displays.

Contracts were again entered into for the display of health posters, stickers and cards as under:—

1. Display of 24-sheet posters at fifty-five selected sites, at Sydney, Newcastle and country railway stations and road sites.
2. Display of 350 stickers size 12 in. x 9 in. in electric railway carriages in metropolitan area.
3. Display of 305 posters on poster boards and in glazed frames on railway stations.
4. Display of 1,000 bulkheads and side-rack cards in city trams as well as 1,000 cards in Government buses in the metropolitan area.
5. Display of metal signs on V.D. in public lavatories.
6. Display of posters on fourteen Sydney harbour ferries and six Port Jackson ferries. New contracts were arranged for the following:
7. Display of 500 stickers size 12 in. x 12 in. on glass windows at end of electric railway carriages.
8. Display of 650 stickers size 11½ in. x 4½ in. on the side wall panels in electric railway carriages.

Exterior Advertising on Buses and Trams.—Tuberculosis publicity was extended during the year and contracts were entered into for exterior advertising on six private buses in the metropolitan area and for illuminated signs on ten city trams.

Health Exhibitions.

Two large stands were displayed at the Health Exhibition at the Sydney Town Hall during National Health Week in October, 1952, both stands arousing favourable public interest.

One stand publicised tuberculosis activities carried out by the Department, the other dealt with cancer, cleansing of food utensils, diphtheria and nutrition. The important part played by these stands can be measured by the fact that 136,000 people attended this exhibition where the stands occupied very prominent positions.

A theatrette in the Sydney Town Hall showed health films continuously over the period of five days at the exhibition, the audiences attending the screenings totalling 11,605.

Health exhibitions were also staged very successfully at Leichhardt, Ryde, Lithgow and Goulburn and films were screened at several country shows. The Department assisted the councils conducting these exhibitions by providing posters, pamphlets, booklets, films, screen slides and portable display units and arranged speakers in the areas.

Window Displays.

Although funds did not permit the Department to stage many window displays a number of shopkeepers and business firms in areas where exhibitions and campaigns were held, made their windows available for this purpose and, especially during Health Week, window displays on health matters were arranged with the assistance of the Department.

Publications and Posters.

During 1952, the following publications were printed for the Department, in all totalling 905,990:—

- 50,000—Beware the Fly.
- 10,000—Cancer.
- 10,000—Cancer—Women.

- 10,000—Cerebro-spinal Meningitis.
- 2,000—Children's Tea Dishes.
- 1,000—Emergency Meals.
- 50,000—Fighting T.B. in N.S.W.
- 48,760—Food and Nutrition.
- 10,000—Food Poisoning.
- 25,000—German Measles.
- 10,000—Goitre.
- 47,786—Healthy Motherhood.
- 10,000—Heart Disease.
- 100,000—Here are the Facts—Diphtheria.
- 4,000—How Shall I Feed Him?
- 50,000—Influenza.
- 50,000—Keep Your Homes Clean—Rats.
- 60,000—Margarine.
- 15,000—Measles.
- 20,000—Mosquitoes.
- 10,000—Mumps.
- 107,500—My Children are Protected—Diphtheria.
- 9,444—Our Babies.
- 20,000—Poliomyelitis.
- 20,000—Prevention and Destruction of Flies.
- 10,000—Scarlet Fever.
- 10,000—Salad Suggestions.
- 10,000—Scurvy.
- 50,400—Sumptuous Sandwiches.
- 100—Instructions to Typhoid Carrier.
- 50,000—Typhus.
- 25,000—V.D. is Curable.

In addition, the following were produced:—

- 500—Cancer Cards for Newcastle Health Week.
- 200,000—Health Week Blotters for Distribution to Schools.
- 100,000—Health Week Booklets.
- 5,000—Essential Foods.
- 300—Spot T.B.—24-sheet Posters.
- 10,200—Spot T.B.—Single-sheet Posters.
- 4,000—T.B. Bus Cards.
- 2,000—T.B. Tram Cards.
- 2,090—Camera Caught Her Charm—Single-sheet Posters.
- 100—Camera Caught Her Charm (Kodak Edition)—24-sheet Posters.

The total number of booklets, pamphlets, etc., distributed by the Department during the year was 601,807. The number of posters distributed in 1952 amounted to 13,889.

Film Services.

Screening of 16 mm. Films.—The free film screening service conducted by the Department again proved very popular throughout the year. Two hundred and ninety-two separate programmes were screened to audiences totalling well over 34,900 people. Special country screenings were provided at Taree, Wollongong, Tamworth, Orange, Katoomba, Lithgow, Portland, Leura and Thirlmere.

Film Loans.—657 x 16 mm. and 115 x 35 mm. prints were loaned by the Department to approved borrowers throughout the State, attendances at the screenings of which exceeded 64,075.

Through the generosity of picture theatre proprietors, matinee screenings for school children were also conducted, in conjunction with the schools.

Film Releases.

The Department's new film on tuberculosis entitled "Hidden Enemy" was produced during the year and 35 mm. prints were made available at the end of the year, by special arrangements with Metro-Goldwyn-Mayer Pty. Ltd., for screening in ordinary programmes in their theatres. Sixteen millimetre prints were also loaned to them for screening in their extensive 16 mm. film service.

Sixteen millimetre prints of films produced here for the Department are also on loan to the New South Wales Film Council, the Departments of Agriculture and Education and Columbia Studios where they are used extensively in their screening services.

New Films and Equipment.

A new 16 mm. Cinevox Prefect projector was purchased by the Department the acquisition of which assisted in providing better screening facilities to the public generally.

A further 85 x 16 mm. prints (thirty-four different titles) and 45 x 35 mm. prints (four different titles) were purchased by the Department during 1952.

Thirteen portable display units were produced specially for the Department and have helped enormously in publicising our various activities. The units have been keenly sought after, especially by councils for use at exhibitions, shows and campaigns where they have proved very successful.

C.—NUTRITION SECTION.

REPORT ON THE ACTIVITIES, YEAR ENDED 31st DECEMBER, 1952.

Staff.

Dietitians	3
Shorthand-Typiste	1

Six months special leave was granted to Miss Stephens, dietitian, from 24th December, 1952, for the purpose of observing public health nutrition in the United States.

Publicity Material.

Articles and radio scripts (400 words) were prepared every week for metropolitan and country newspapers and radio stations. In addition an extra radio script was prepared for 2CH each week. An article of reduced length was also prepared each week to be sent out with other articles on health to all the main newspapers in New South Wales.

Special scripts were prepared for broadcasting stations and special articles on food values were prepared on request for newspapers, periodicals, etc.

A weekly marketing bulletin on fruit and vegetable prices was supplied to all metropolitan commercial radio stations. Scripts for the radio series "Nutrition Question Box" in the form of question and answer were prepared each week.

Special articles were prepared for the Health Week Supplement of the Education Gazette and for the Newcastle Health Week Booklet.

A request was received from the Catholic Weekly for a paragraph or short article on nutrition. "Nutrition Queries" in the form of question and answer were prepared each week.

The following leaflets and booklets were revised for re-printing: Salad Suggestions, Approximate Quantities for Food Orders, How Shall I Feed Him, the food sections "Our Babies", "Healthy Motherhood", "Children's Tea Dishes".

Two new leaflets "Economy in Meal Planning" and "Notes for School (Oslo) Lunch Canteens" were prepared.

Lectures.

Talks on nutrition and food values were given to groups such as Kindergarten Mothers' Clubs, Church Groups, Parents and Citizens' Associations. Talks and practical demonstrations were given at meetings of Agricultural Bureaux and Junior Farmer Clubs in country districts.

Talks were given at two St. George County Council Demonstration Kitchens in connection with Health Week. Talks were given to groups in Newcastle during Newcastle Health Week.

Series of lectures were given to trainee teachers at the Sydney Kindergarten Training College and the Sydney Day Nursery and Nursery Schools' Association.

A session was conducted in the Homemakers Conference arranged by the Department of Agriculture.

Pre-Natal Clinics.

Regular attendance was maintained at Parramatta, Hurstville, Manly, Liverpool, Campsie, Hornsby and Dee Why Clinics. Attendance at Parramatta Clinic was extended to one and a half days. Attendance at Narrabeen Clinic commenced on 17th September, 1952.

Enquiries.

Large numbers of enquiries dealing with food values and costs, and methods of cooking were dealt with by personal interview, telephone and letter.

Detailed individual diets were supplied for enquirers prescribed special diets by their own physicians.

Liaison with other Sections of the Department, other Government Departments, and other Outside Bodies.

Advice and information on dietary problems and food services were given on request to the Department of Labour and National Service, Child Welfare Department and Public Service Board.

Assistance was given with the preparation of a leaflet on diabetic diets to be printed by the Diabetic Association of Australia.

With the Medical Officer, Hunter River District, a dietitian visited children's homes in the Newcastle District. The dietitian spent three weeks in the Hunter River Health District carrying out a programme arranged by the medical officer. A conference on Child Care was conducted in Newcastle from 15th-18th April, 1952, and lectures on children's meals and food requirements were given by the dietitian. The conference was planned particularly for those in charge of children's homes in the district.

On request from the Church of England Hostel Committee, the Deaconess Institution at Newtown was visited to discuss food problems.

Waterfall Sanatorium was visited by a dietitian on 18th July, 1952, in connection with a complaint about the food service.

Trainee Dietitians.

Miss McNally completed her University course to obtain a bachelor's degree in Science and commenced training at Royal Newcastle Hospital in March, 1952.

The work of one trainee dietitian was supervised during the University vacations.

Other Activities.

A dietitian visited all School (Oslo) Lunch Canteens in the metropolitan area and a report was submitted to the State Nutrition Committee. Following these visits the pamphlet "Notes for School Oslo Lunches" previously mentioned was prepared.

N.S.W. State Nutrition Committee.—The executive and secretarial work of this Committee was done.

School (Oslo) Lunch Advisory Committee.—A dietitian acted as representative of the Health Department on this Committee.

N.S.W. Institute of Dietitians.—The executive and secretarial work of this body has been done within the section.

Standards Association of Australia.—A dietitian is the department's representative on the Committee enquiring into the setting of Australian standards for measuring cups for cookery.

D.—DIVISION OF MATERNAL AND CHILD WELFARE.

PART 1.—MATERNAL WELFARE.

Pre-Natal Clinics—1952.

(1) Twelve Pre-natal Clinics provide a specialised medical service for expectant mothers living at a distance from the maternity hospitals where they are to be confined. This medical supervision is linked closely with the hospitals concerned: Mothers attend by an appointment and contact is made directly with those unable to keep these appointments. The Departmental dietitians advise on special diets and all aspects of nutrition, e.g., the value of food budgetting, etc. This service is of great benefit to the mothers facilitating as it does regular and efficient pre-natal care without the expense and fatigue of long journeys by public transport to the hospitals concerned.

Two additional clinics were established during 1952; one was opened at Sutherland on 17th April, 1952, to provide a pre-natal service for those mothers who live south of Hurstville on the Illawarra line. Most of the mothers attending this clinic had previously to travel long distances to obtain pre-natal care at either St. George Hospital, Kogarah, or Hurstville pre-natal clinic. The opening of a clinic at Sutherland has been greatly appreciated by them.

The other clinic was begun at Narrabeen on 17th September, 1952. The need for this clinic had been realised for over two years, during which the Deewhy pre-natal clinic had been overloaded, but shortages, and difficulty in obtaining, building materials, had continuously postponed the completion of the new Narrabeen Baby Health Centre; however, as soon as the centre was completed, the clinic was opened, and has been very well attended by mothers who live in the area extending from Palm Beach to Collaroy.

The other ten clinics, namely: Beverly Hills, Campsie, Deewhy, Harbord, Hornsby, Hurstville, Liverpool, Mascot, Manly, and Parramatta, have continued to provide a very much appreciated service to the expectant mothers in their districts. The total attendances, at all clinics, were 22,553, an increase of 4,804 on the previous year's total. The greatest increases occurred at the clinics at Parramatta, Campsie, and Hornsby.

The increased attendances at Parramatta (1,737) necessitated an extension of the service from two sessions to three sessions per week as from 16th May, 1952. Similarly the increased attendances at Campsie, which amounted to 658 cases for the year, necessitated an extension of the service from one session to two sessions per week, as from 27th July, 1952.

In the case of Hornsby there was an increase of 813 cases over the previous year, but as the medical officer only has a short distance to travel she was able to carry the increased case load without arranging for an additional session.

The services of the dietitians have been available at Manly, Campsie, Liverpool, Deewhy, Hornsby, Hurstville and Parramatta, and their assistance has been greatly valued by the medical officers conducting these clinics.

The language problem still persists at some clinics, where New Australians attend and do not bring an interpreter. These difficulties are reduced, to a certain extent, by the translations of the diet sheets into the various foreign languages: Czechish, Dutch, Estonian, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Serb.

The following table shows the number of attendances at the various clinics during the year:—

Clinic.	Primiparae 1st visit.	Multi-parae 1st visit.	Primiparae subsequent visit.	Multi-parae subsequent visit.	Post-natal visits.	Total.
Beverly Hills	13	82	86	418	26	625
Campsie	87	290	431	1,448	61	2,317
Deewhy	100	192	687	1,416	119	2,514
Harbord	19	58	216	574	51	918
Hornsby.....	79	146	659	1,223	85	2,192
Hurstville	62	199	468	1,151	98	1,978
Liverpool	40	231	154	1,176	42	1,643
Mascot	34	70	198	397	1	700
Manly	130	226	1,086	1,919	296	3,657
Narrabeen	10	27	97	336	15	485
Parramatta	171	520	1,081	3,003	116	4,891
Sutherland.....	21	63	126	413	10	633
Totals	766	2,104	5,289	13,474	920	22,553

(2) *Special Medical Committee Investigating Maternal Mortality.*—The special Medical Committee investigating Maternal Mortality in the metropolitan area, includes the Director-General of Public Health, the Professor of Obstetrics at the University of Sydney, the Emeritus Professor of Obstetrics, University College Hospital, University of London, the senior Honorary Medical Officers of the Royal Hospital for Women and the Women's Hospital, Crown-street, a general practitioner appointed by the N.S.W. Branch of the B.M.A. and the Director of Maternal and Baby Welfare; the latter is the Medical Secretary of the Committee.

The co-operation of the Medical Superintendents of the Metropolitan Obstetric Hospitals and medical practitioners in private practice has been greatly appreciated by the committee.

During the year the second report on the Investigation into the Maternal Deaths in the Metropolitan Health District of Sydney was completed this referred to the years 1944-1949, inclusive, and was published in the Medical Journal of Australia in April, 1953. This report has caused much interest in other States. The report deals with 374 deaths which were classified as due directly to pregnancy or childbirth out of 595 maternal deaths occurring during this period. The deaths were divided into preventible and non-preventible deaths and of the 374 maternal deaths 185 were preventible. The preventible deaths were tabulated according to the primary avoidable factor that is the first deviation from a reasonable standard of obstetric practice or the first failure of the mother to co-operate.

The sphere of the investigations of the Committee was extended during 1952—the Hunter River and South Coast Health Districts: the co-operation of medical practitioners in these areas has been most encouraging. The report is appended.

(3) *Free Consultant Service.*—One of the benefits available under the scheme for the reduction of maternal mortality is a free obstetric consultant service for mothers in the metropolitan area whose financial circumstances would otherwise render this safeguard unpracticable.

The service is available both during pregnancy and at the time of confinement and is provided by a number of obstetric consultants who have agreed to accept a reduced fee which is paid by the Department.

Owing to the present day trend to seek and obtain greater care and oversight during pregnancy, however, and the fact that comparatively few mothers are confined in their own homes, this service is not frequently called upon.

During the year 1952, three doctors only availed themselves of the Consultant Service. This is the same figure as that for 1951. It is hoped that this service will more widely be used by medical practitioners as by professional team work only can maternal mortality and morbidity continue to be reduced.

(4) *Metropolitan Blood Transfusion Service.*—This is a Mobile Service which is available day and night to mothers in the metropolitan area and provides for the administration of a blood transfusion at the bedside of any obstetric patient with the minimum of delay, as five of these units are held at five major obstetric hospitals in constant readiness to proceed immediately to the patient's bedside. The Women's Hospital, Crown-street, Royal Prince Alfred Hospital, Royal North Shore Hospital, Royal Hospital for Women, Paddington, and the St. George Hospital. The service is made possible by the co-operation of these hospitals and the Red Cross Blood Transfusion Service. The transfusion is given free to the patient. Each hospital provides the services of a Resident Medical Officer and specially qualified nurse for each; an honorarium and transport costs are paid by the Department.

Arrangements have also been made with twenty-one hospitals throughout the suburbs for serum to be made available on demand and this provides an additional safeguard, as it enables an immediate intravenous injection to be given pending the arrival of the transfusion unit. Great appreciation is expressed for this service rendered by these hospitals and the Red Cross Society, as each transfusion may reasonably be considered to represent the saving of a mother's life.

In 1952, seventeen doctors used the Blood Transfusion services. This was seven less than in 1951, and nine less than in 1950.

It can be assumed that the reduction in the number of cases requiring transfusion is in some measure due to a better standard of obstetric practice following the official statement repeatedly circulated to all medical practitioners on the correct management of the third stage of confinement.

(5) *Immune Rubella Serum*.—The Red Cross Blood Transfusion Service has made this immune serum available during the past year, for a certain group of expectant mothers. These are mothers who have not previously had rubella, but who, in the early months of their pregnancy are known to have come in contact with persons suffering from the disease.

(6) *Physiotherapy in Pregnancy and the Puerperium*.—On the light of the ever-increasing awareness of the paramount importance of pre-natal care, every effort is made to ensure that pre- and also post-natal exercises are carried out as a routine by all mothers.

The Departmental booklet, “Healthy Motherhood”, which is available free to all expectant mothers, sets these exercises out in detail, with illustrations, and the exercises, under the supervision of qualified physiotherapists, are a routine at the Royal Hospital for Women. Post-natal exercises are a routine procedure at the Women’s Hospital, Royal North Shore, King George V, and Ryde District Hospitals.

The benefit derived from the carrying out of these exercises has been well demonstrated by the resultant speedy regaining of the patient’s muscle tone and figure, and the resumption of normal posture. The various gynaecological abnormalities sometimes present after confinement are also much less frequently present if the exercises have been regularly carried out.

With the recognition throughout the obstetric world of the need for the orientation of the mother to her pregnancy, its demands on her constitutionally, the development of her baby, the factors influencing labour and the general management of the confinement itself, physiotherapy plays a more important role in obstetrics year by year.

The sound film produced in 1938 was replaced this year by a film in sound and colour, “Physiotherapy in Obstetrics”. This particularly emphasises and demonstrates the link between the education of the mother, the physiological exercises, the understanding and practice of relaxation in minimising fear and using to the fullest extent the co-operation of the informed mother and her attendants during confinement.

The Royal Prince Alfred Hospital, assisted by the expert work of their photographic research unit in the photography of the physiological demonstrations of exercises by both trained physiotherapists and expectant mothers, the remainder was photographed by Kinelab.

The Royal Hospital for Women, assisted by the use of their physiotherapy department, which is the training centre for the New South Wales Branch of the Australian Physiotherapy Association. Their lecturer, Mrs. N. Leigh, guided in the production of the film, with the advisors Professor B. T. Mayes, Professor of Obstetrics, University of Sydney, and Dr. Grace Cuthbert-Browne, the Director of Maternal and Baby Welfare, Department of Public Health. The Department of Public Health and Nicholas Pty. Ltd. were responsible for the production of the film.

The film is primarily for the teaching of physiotherapy students and medical students, and for obstetric nurses: it is used extensively here and in other States. A copy of the film was purchased by Mr. J. Stallworthy for use in his obstetric unit at the Radcliffe Infirmary, University of Oxford.

(7) *The Control of Puerperal Infection*.—Every effort is made by this Department to prevent the spread of puerperal sepsis and so protect mothers after the birth of their babies from cross-infection, which might prove fatal. Control is effected by (1) the administration of the Nurses’ Registration Act, which makes it compulsory for all obstetric nurses to notify any case of puerperal pyrexia occurring in their practice, which prohibits a nurse from attending any other case while attending a patient with puerperal infection, and which examines her methods in the management of her cases; (2) the Public Health Act, under which puerperal infection is a notifiable disease, and by the Private Hospitals Act.

The Regulations under these various Acts provide safeguards designed to prevent the occurrence of puerperal sepsis. Each case of infection occurring is investigated by bacteriological examination. Further action is determined by the results of such examination, the dual object being to protect all maternity patients from the danger of infection and to avoid any delay or difficulty in nursing and medical supervision.

During 1952, eight cases were notified to the local authorities; of these, two were due to abortal sepsis (in the metro-

politan area), and six were following confinement (four in the city and two in the country).

Under the Nurses’ Registration Act, ninety-six cases of puerperal pyrexia were notified during 1952. All these cases were notified from the country.

Vital Statistics, 1952.

The number of live births in New South Wales during 1952 was 74,196, an increase of 2,127 over the previous year. Stillbirths numbered 1,195, making total births 75,391. The live birth rate was 21.88 per 1,000 of mean population.

Details of live births and stillbirths for each year since 1936 are shown in Table I:—

TABLE I.—Live Births and Stillbirths, New South Wales.

		Live Births.		Stillbirths.	
Year.	Total Births (Live and Still Combined).	Number.	Rate (Number per 1,000 of Mean population).	Number.	Rate (Number per 1,000 total births (live and still combined)).

METROPOLIS.

1936	18,341	17,759	14.23	582	31.73
1937	18,748	18,158	14.48	590	31.47
1938	19,150	18,559	14.73	591	30.86
1939	19,885	19,323	15.24	562	28.26
1940	20,515	19,942	15.53	573	27.93
1941	23,019	22,366	17.05	653	28.37
1942	23,848	23,220	17.26	628	26.33
1943	27,700	26,989	19.52	711	25.67
1944	29,014	28,318	19.96	696	23.99
1945	30,230	29,501	20.42	729	24.12
1946	32,467	31,769	21.68	698	21.50
1947	32,536	31,918	21.51	618	18.99
1948	30,605	30,047	20.01	558	18.23
1949	30,466	29,936	19.56	530	17.40
1950	30,213	29,643	18.92	570	18.87
1951	29,345	28,878	18.07	467	15.91
1952	29,597	29,167	18.05	430	14.53

REMAINDER OF STATE.

1936	29,271	28,434	20.02	837	28.59
1937	30,201	29,339	20.36	862	28.54
1938	29,642	28,760	19.66	882	29.76
1939	29,478	28,680	19.35	798	27.07
1940	30,209	29,440	19.70	769	25.46
1941	30,174	29,363	19.72	811	26.88
1942	30,210	29,427	19.81	783	25.92
1943	31,030	30,276	20.53	754	24.30
1944	32,109	31,294	21.32	815	25.38
1945	32,972	32,161	21.83	811	24.60
1946	36,327	35,478	23.98	849	23.37
1947	38,328	37,480	24.97	848	22.12
1948	37,955	37,187	24.34	768	20.23
1949	39,625	38,876	24.55	749	18.90
1950	42,785	41,949	25.30	836	19.54
1951	44,015	43,191	25.10	824	18.72
1952	45,794	45,029	25.37	765	16.71

NEW SOUTH WALES.

1936	47,612	46,193	17.31	1,419	29.80
1937	48,949	47,497	17.62	1,452	29.66
1938	48,792	47,319	17.38	1,473	30.19
1939	49,363	48,003	17.45	1,360	27.55
1940	50,724	49,382	17.78	1,342	26.46
1941	53,193	51,729	18.47	1,464	27.52
1942	54,058	52,647	18.60	1,411	26.10
1943	58,730	57,265	20.04	1,465	24.94
1944	61,123	59,612	20.65	1,511	24.72
1945	63,202	61,662	21.14	1,540	24.37
1946	68,794	67,247	22.83	1,547	22.49
1947	70,864	69,398	23.25	1,466	20.69
1948	68,560	67,234	22.19	1,326	19.34
1949	70,091	68,812	22.10	1,279	18.25
1950	72,998	71,592	22.20	1,406	19.26
1951	73,360	72,069	21.72	1,291	17.60
1952	75,391	74,196	21.88	1,195	15.85

In the compilation of statistics of births and deaths in New South Wales by Divisions of the State, births are allocated according to the usual residence of the mother, and

deaths to the usual residence of the deceased. The metropolis relates to Sydney and suburbs as delineated for statistical purposes.

Live births in 1952 numbered 29,167 in the metropolis and 45,029 in the remainder of the State, the respective crude rates being 18.05 and 25.37 per 1,000 of mean population.

The live birth rate in both the metropolis and the State as a whole, rose between 1936 and 1947, since when it has declined slightly. In the remainder of the State, the rate remained relatively steady from 1936 to 1943, and then increased steadily to 25.37 per 1,000 of mean population in 1952. Throughout the past twenty-five years, the number of live births and the rate in the remainder of the State have been consistently higher than in the metropolis.

In interpreting this table, it should be remembered that the urban population in areas adjacent to the metropolis has

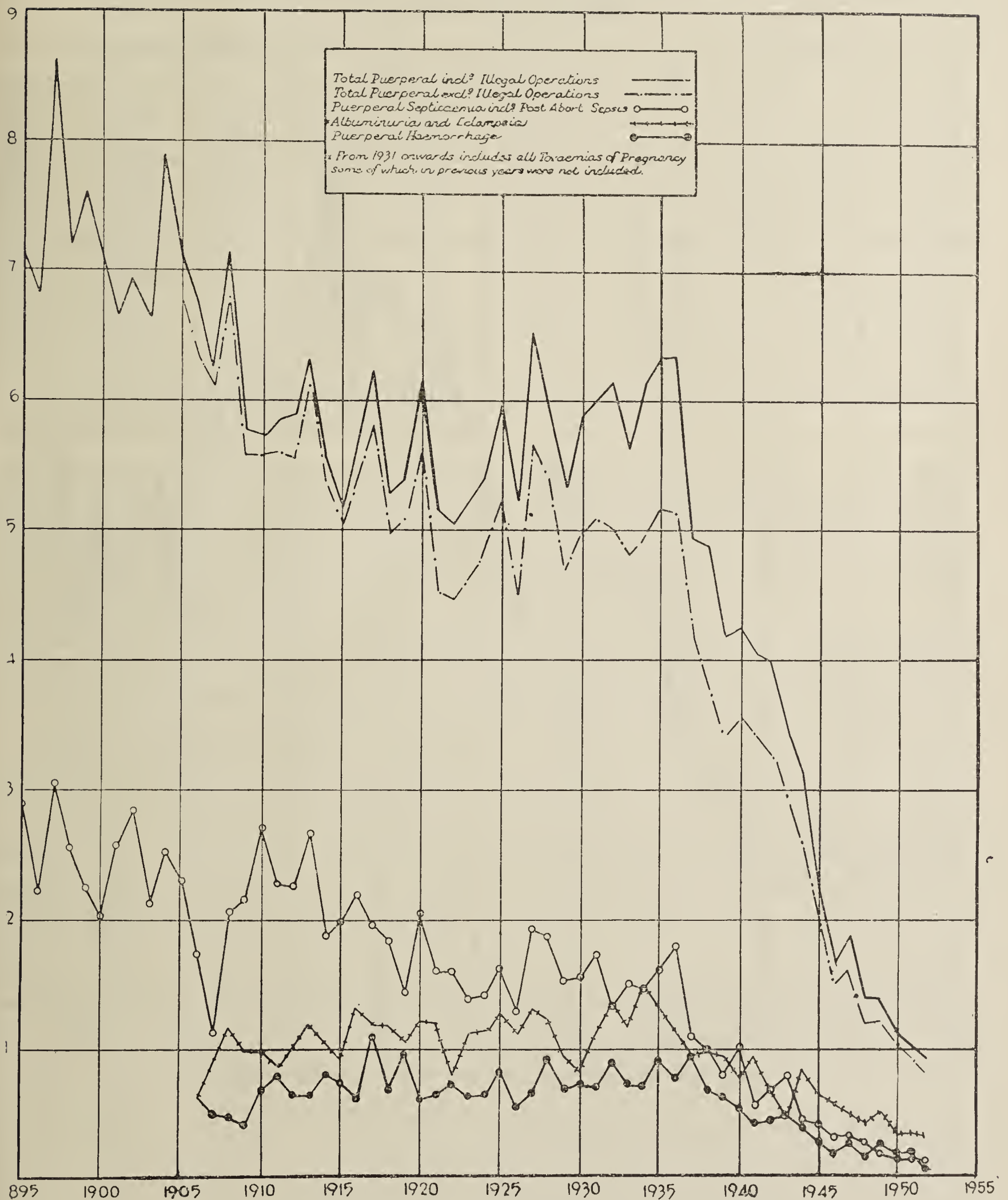
increased rapidly in recent years. Births in the Cumberland Division outside the metropolis have increased from 2,622 in 1940 to 8,390 in 1952. All these births are included in the figure for the remainder of the State.

The number of stillbirths registered in New South Wales during 1952, and the rate per 1,000 total births, are the lowest recorded since compulsory registration of stillbirths became effective in 1935. The rate has declined steadily over this period and was 47 per cent. lower in 1952 than in 1936.

The number of stillbirths per 1,000 total births (live and still combined) in the remainder of the State exceeded the number in the metropolis in 1944 and has continued to do so, probably owing to the better facilities for ante-natal care available in the metropolis. The rate for 1952 was 14.53 in the metropolis and 16.71 in the remainder of State.

GRAPH No. II.

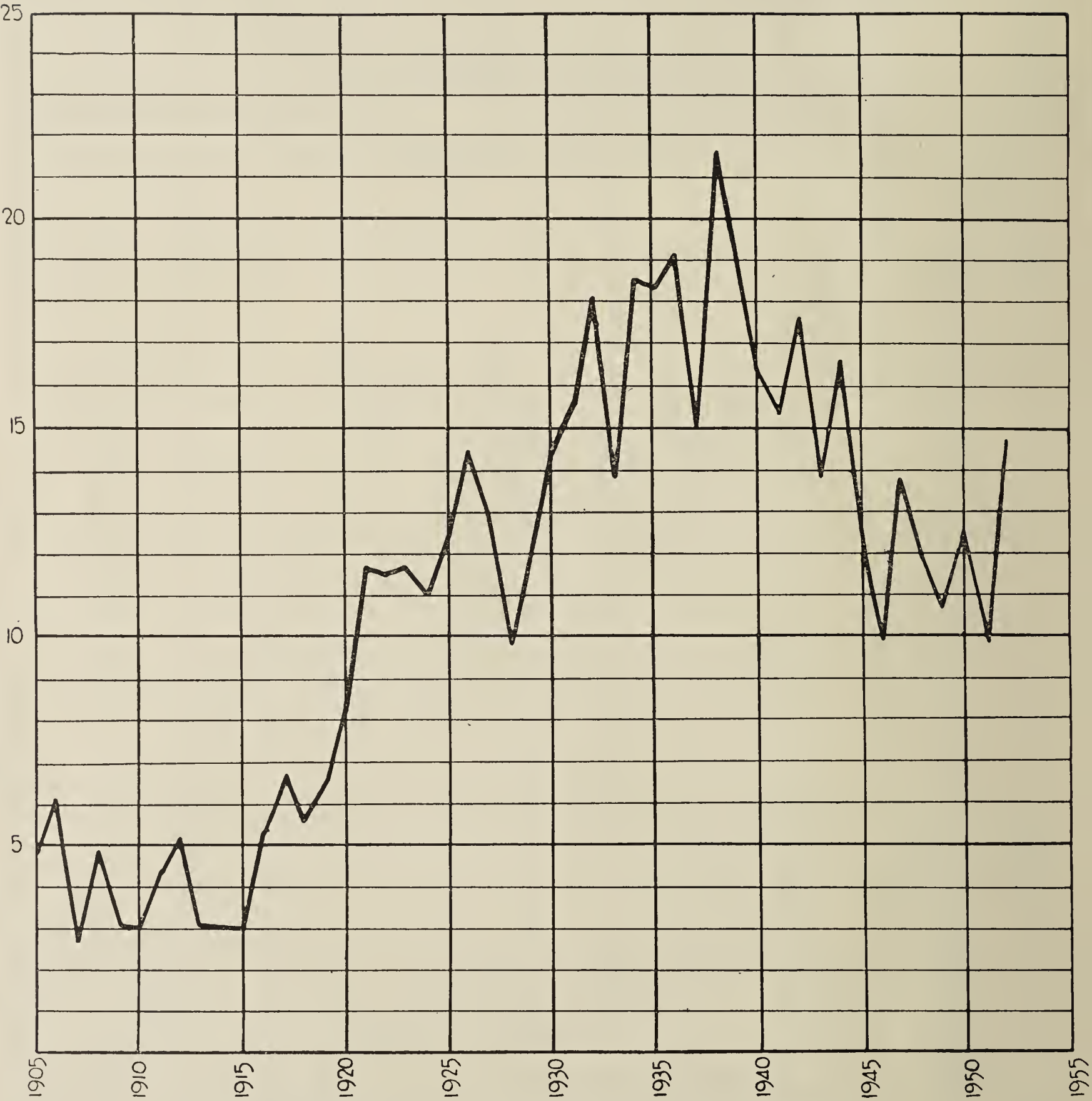
Deaths due to Puerperal Condition, New South Wales—Death Rates from Certain Causes per 1,000 Live Births for the Years 1895–1952.



From 1950 all death rates are compiled according to the VI International Classification.

GRAPH No. 12.

Maternal Mortality—Deaths from Criminal Abortions as percentage of total Maternal Deaths in New South Wales, 1905–1952.



From 1950 all death rates are compiled according to the VI International Classification.

Information relating to maternal mortality is shown in Tables II to IV.

Details of deaths from puerperal causes (including criminal abortion) are shown for each year since 1936 in Table II.

TABLE II.—Live Births and Maternal Mortality, New South Wales.

Year.	Live Births.			Deaths from Puerperal Causes* (excluding Criminal Abortion).					
				Number.			Rate.†		
	Metropolis.	Remainder of State.	N.S.W.	Metropolis.	Remainder of State.	N.S.W.	Metropolis.	Remainder of State.	N.S.W.
1936	17,759	28,434	46,193	103	133	236	5·80	4·68	5·11
1937	18,158	29,339	47,497	83	115	198	4·57	3·92	4·17
1938	18,559	28,760	47,319	72	109	181	3·88	3·79	3·82
1939	19,323	28,680	48,003	59	103	162	3·05	3·59	3·38
1940	19,942	29,440	49,382	59	116	175	2·96	3·94	3·54
1941	22,366	29,363	51,729	67	110	177	3·00	3·75	3·42
1942	23,220	29,427	52,647	61	111	172	2·63	3·77	3·27
1943	26,989	30,276	57,265	66	103	169	2·45	3·40	2·95
1944	28,318	31,294	59,612	74	81	155	2·61	2·59	2·60
1945	29,501	32,161	61,662	46	76	122	1·56	2·36	1·98
1946	31,769	35,478	67,247	33	67	100	1·04	1·89	1·49
1947	31,918	37,480	69,398	38	74	112	1·19	1·97	1·61
1948	30,047	37,187	67,234	29	52	81	0·97	1·39	1·20
1949	29,936	38,876	68,812	27	57	84	0·90	1·47	1·22
1950	29,643	41,949	71,592	18	52	70	0·61	1·24	0·98
1951	28,878	43,191	72,069	13	53	66	0·45	1·23	0·91
1952	29,167	45,029	74,196	17	41	58	0·58	0·91	0·78

* From 1940, deaths from acute yellow atrophy of the liver have been included.
† Number of deaths per 1,000 live births.

The table indicates the steady improvement that has taken place over the past seventeen years, and the rate for 1952, namely, 0.78 deaths per 1,000 live births, is the lowest ever recorded in New South Wales. Since 1939 the rate in the metropolis has been consistently lower than in the remainder of State, the respective rates in 1952 being 0.58 and 0.91.

Over the period covered by the table, the rate in the metropolis has decreased by 90 per cent., compared with a decline of 81 per cent. in the remanider of State.

Table III indicates the improvement that has occurred since 1937 in the incidence of mortality due to criminal abortion and total puerperal causes. Criminal abortion was responsible for ten deaths in 1952. The number dying from this cause fluctuates from year to year, but the trend has been steadily downwards since 1937, both in the metropolis and the remainder of State.

TABLE III.—Deaths from Criminal Abortion and Total Puerpera Deaths, New South Wales.

Year.	Deaths from Criminal Abortion.				Total Puerperal Deaths (including Criminal Abortion).			
	Female Deaths at All Ages.		Female Deaths at Ages 15 to 44 Years.		Female Deaths at All Ages.		Female Deaths at Ages 15 to 44 Years.	
METROPOLIS.								
	No.	per cent.	No.	per cent.	No.	per cent.	No.	per cent.
1937	17	0·28	17	2·04	100	1·67	100	12·02
1938	36	0·57	36	4·13	108	1·71	106	12·16
1939	30	0·47	30	3·75	89	1·38	89	11·14
1940	22	0·35	22	3·17	81	1·28	81	11·69
1941	21	0·31	21	2·83	88	1·30	88	11·84
1942	25	0·35	25	3·56	86	1·21	85	12·11
1943	17	0·24	17	2·45	83	1·15	83	11·98
1944	18	0·26	18	2·45	92	1·35	91	12·38
1945	14	0·20	13	1·97	60	0·87	59	8·95
1946	5	0·07	5	0·78	38	0·53	37	5·80
1947	9	0·13	9	1·41	47	0·66	46	7·69
1948	10	0·13	10	1·71	39	0·51	39	6·68
1949	9	0·12	9	1·67	36	0·49	36	6·67
1950	6	0·08	6	1·14	24	0·32	24	4·56
1951	7	0·09	7	1·39	20	0·27	20	3·98
1952	7	0·09	7	1·48	24	0·31	24	5·06
REMAINDER OF STATE.								
1937	18	0·37	18	2·41	133	2·72	133	17·78
1938	14	0·28	14	1·87	123	2·44	122	16·31
1939	8	0·15	8	1·14	111	2·11	110	15·62
1940	12	0·24	12	1·85	128	2·58	127	19·63
1941	11	0·21	11	1·57	121	2·57	119	17·00
1942	12	0·21	12	1·67	123	2·18	123	17·08
1943	10	0·18	10	1·41	113	1·98	112	15·82
1944	13	0·24	13	2·11	94	1·76	94	15·28
1945	3	0·06	3	0·49	79	1·49	78	12·81
1946	6	0·11	6	1·10	73	1·34	73	13·39
1947	9	0·17	9	1·68	83	1·56	83	15·49
1948	1	0·01	1	0·19	53	0·93	53	9·96
1949	1	0·02	1	0·20	58	1·08	58	11·35
1950	4	0·07	4	0·70	56	0·95	55	9·68
1951	...	...	...	...	53	0·83	53	10·13
1952	3	0·05	3	0·56	44	0·71	44	8·29
NEW SOUTH WALES.								
1937	35	0·32	35	2·22	233	2·14	233	14·75
1938	50	0·44	50	3·09	231	2·03	228	14·07
1939	38	0·32	38	2·53	200	1·71	199	13·24
1940	34	0·30	34	2·54	209	1·86	208	15·52
1941	32	0·26	32	2·22	209	1·73	207	14·35
1942	37	0·29	37	2·60	209	1·64	208	14·63
1943	27	0·21	27	1·93	196	1·52	195	13·92
1944	31	0·25	31	2·30	186	1·53	185	13·70
1945	17	0·14	16	1·26	139	1·14	137	10·80
1946	11	0·09	11	0·93	111	0·89	110	9·30
1947	18	0·14	18	1·59	130	1·05	129	11·38
1948	11	0·08	11	0·99	92	0·69	92	8·24
1949	10	0·08	10	0·95	94	0·74	94	8·94
1950	10	0·07	10	0·91	80	0·60	79	7·22
1951	7	0·05	7	0·68	73	0·53	73	1·12
1952	10	0·07	10	1·00	68	0·49	68	6·77

The mortality rate from “delivery with specified complication” was .07 in the metropolis, compared with .44 in the remainder of State. There were no deaths due to ectopic pregnancy in the metropolis during either 1951 or 1952, while a total of eight deaths occurred from this cause in the remainder of State.

The facts set out in this report clearly show the difference in the incidence of mortality from puerperal causes in the metropolis and the remainder of State. The lower mortality in the metropolis may be accounted for by the existence of specialised services for both pre-natal and post-natal care of mothers. There is no doubt that these services should be extended to cover the whole State.

TABLE IV.—Deaths Due to Puerperal Causes, New South Wales—Number and Rate, 1951 and 1952.

Cause of Death. (Classified according to the Sixth Revision (1948) of the International List.)	Metropolis.				Remainder of State.				New South Wales.			
	Number.		Rate.*		Number.		Rate.*		Number.		Rate.*	
	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.
Toxaemias of pregnancy	7	5	·24	·17	10	13	·23	·29	17	18	·24	·24
Ectopic pregnancy .....	...	...	...	...	5	3	·11	·07	5	3	·07	·04
Other complications of pregnancy	1	2	·04	·07	5	4	·12	·09	6	6	·08	·08
Abortion (excluding criminal)	1	2	·04	·07	3	2	·07	·04	4	4	·05	·05
Delivery with specified complications	2	2	·07	·07	19	11	·44	·25	21	13	·29	·18
Puerperal urinary infection without other sepsis...	...	...	...	...	...	...	...	...	...	...	...	...
Sepsis of childbirth and the puerperium	1	2	·03	·07	...	2	...	·04	1	4	·01	·05
Puerperal phlebitis and thrombosis .....	...	1	...	·03	...	1	...	·02	...	2	...	·03
Puerperal pulmonary embolism .....	...	2	...	·07	5	...	·12	...	5	2	·07	·03
Other and unspecified complications of the puerperium	1	1	·03	·03	6	5	·14	·11	7	6	·10	·08
Total excluding criminal abortion	13	17	·45	·58	53	41	1·23	·91	66	58	·91	·78
Criminal abortion	7	7	·24	·24	...	3	...	·07	7	10	·10	·14
Total	20	24	·69	·82	53	44	1·23	·98	73	68	1·01	·92

* Number of deaths per 1,000 live births.

PART II. INFANT WELFARE.

Baby Health Centres.

There are now 295 Baby Health Centres in New South Wales, of which eighty-three are in the Metropolitan area, and the remaining 212 in the country.

These centres are all staffed by the Department with nurses holding a General Certificate and a Tresillian Mothercraft Certificate, an Obstetric Certificate is also frequently held, but is not essential.

The present policy for the establishment of Baby Health Centres provides that, where a Baby Health Centre is considered to be warranted, this nursing service will be made available by the Department to an approved organization (e.g. a Local Government Authority or Branch of the Country Women's Association) on the understanding that such Local Authority undertakes to provide a suitable building and maintain it, and to make it available at all times for Baby Health Centre purposes.

"Maintenance" includes cleaning, provision of light and fuel, telephone charges, replacement of equipment, keeping the building in good repair etc.

In addition to the nursing service the Department also provides 75 per cent. of the cost of erection or acquisition of a suitable building, exclusive of the cost of the site, and 75 per cent. of the cost of the necessary equipment and furnishing. Alternately if the provision of a new building is impracticable, the Department refunds 37½ per cent. of the cost of rental of suitable premises.

This policy came into effect in 1944, the Government contribution then being 50 per cent. of the building subsidy or 25 per cent. of the rental refund. The basis of contribution was increased in May, 1950, to the rates of 75 per cent. and 37½ per cent. respectively.

Buildings are not erected on any standardised plan, local authorities being encouraged to choose the style of architecture suitable to the geographical location. The Department is concerned, however, with the adequacy of the accommodation and the relationship of these rooms one to the other. All plans must be approved by the Department and also the acceptance of tenders.

Under the existing policy new Centres were established and occupied during the year 1952: eight of which—Belmont, Charlestown, Watson's Bay, Fairymeadow, Turramurra, Narra-been and Ramsgate—were new buildings, while Batlow, Erskineville and Mallangane were established in existing buildings appropriately converted.

Fourteen new buildings replaced substandard premises at Blackheath, Hunter's Hill, Burwood, Geurie, Blayney, Hurlstone Park, Dubbo, Bathurst, Gloucester, Pennant Hills, Lidcombe, Wellington, Miller's Point and Taree. Three Centres had additions to existing premises—Bigga, Port Kembla and Nowra.

The Baby Health Centre Staff consists of three Nurse Inspectors and a total strength of Sisters of 190, including 176 full time sisters, and part-time sisters equivalent to 14 full time sisters: at 1st December, 1952, there were 126 Sisters-in-Charge and 29 junior sisters together with the various part-time officers whose services aggregate 14 full time Sisters.

The attendances for the year were as follows:—

Individual attendances	102,157
Total attendances	1,061,371

Staff Lectures.—Seven staff lectures were given to the Baby Health Centre Sisters during 1952, including one from a visiting doctor in charge of a Maternal and Baby Welfare Department in England.

Departmental Booklets.—The Departmental free booklet "Healthy Motherhood", of which 50,000 are printed annually, continues to be a most valuable publication and is used by all the metropolitan and country Obstetric Hospitals, by the majority of obstetric specialists and general practitioners. Its chief aim is to raise the standard of pre-natal care by encouraging the mother to co-operate with the doctor, hospital or clinic by following implicitly the instructions given, by attending regularly and by paying particular attention to diet during pregnancy. In addition to this valuable instruction in pre-natal care, "Our Babies" is another free booklet from the Department of which 50,000 are printed annually.

Services for the Pre-school child.—The Baby Health Centres have always encouraged mothers to bring their toddlers and pre-school children to the Centres for routine supervision as the years from 0 to 5 are those in which the foundation is laid for the child's future health. These are the "vulnerable" years which are the most formative period and the one of most rapid growth.

The Baby Health Centres give the parents of pre-school children instruction in simple dietetics and elementary hygiene as well as checking the weight and physical development of the child.

Unfortunately owing to serious shortage of staff, it has been found necessary to discontinue temporarily, in the metropolitan area, the practice of seeing children aged from 2-5 years as a matter of routine. Advice is, however, given in any case when especially needed.

Paediatric Clinics—Preventative Service.

Regular medical sessions were conducted at eight Baby Health Centres in the metropolitan area during 1952 as follows:—Monthly at Punchbowl, North Sydney, Deewhy, alternate weeks at Balmain, Hurstville, Manly, Newtown, Paddington.

In addition occasional sessions were also conducted at Mascot and Drummoyne.

The cases referred to the Medical Officer were selected as in previous years by the Sister-in-Charge from amongst babies who would ordinarily have been taken to a public hospital.

Acutely ill babies were occasionally seen, but it is not the policy to advise concerning acutely ill babies, because continuous supervision is not possible and such cases are referred to the nearest hospital, either for supervision at out-patients or for admission if necessary.

The number of cases seen at each Baby Health Centre was as follows:— (These include cases referred from Baby Health Centres in the surrounding district).

Manly	132
Hurstville	140
Paddington	92
Newtown	152
*Balmain	56
Punchbowl	65
North Sydney	44
*Deewhy	31
Drummoyne	18
Mascot	7
Total	737

* Six months.

The service to Drummoyne Baby Health Centre was discontinued as the attendances had dropped considerably and most of the cases referred in the first few months of the year came from Balmain Baby Health Centre.

Again, a large number of pale babies were referred. These babies have been classified as “anaemia” on the following criteria.

- (a) History of persistent or increasing pallor.
- (b) Colour of skin and mucous membranes at examination and comparison of that with mother’s estimate of babies’ usual colour.
- (c) Finding cardiac vascular respiratory systems clear.
- (d) Excluding any upset—colic, feeding difficulty, etc., which might cause pallor.
- (e) Making sure the baby had had adequate sunshine.
- (f) Response to irontherapy.

As previously, preliminary blood counts were not carried out, but the babies were referred for a blood count if their colour had not definitely improved within two months. It is of interest to note that of the babies sent for blood counts because of still being pale after two months on iron, all had a haemoglobin value of under 10 gms., and all gradually improved as shown by subsequent blood counts. It was noted that with two of the premature babies who had become anaemic, the improvement was very slow, although, as far as it could be ascertained the mother was administering iron regularly and correctly.

The largest group of cases referred was the anaemias—268 cases. The remainder were as follows:—Disturbances of the

alimentary tract, 185; respiratory conditions, 76; premature babies referred for iron mixture, 51; allergic conditions, 50; feeding problems, 40.

The reduction in the number of feeding cases from last year (96) is very interesting and will be gratifying if it continues. It is hoped that it is the result of a wider interest in the adjustments of feeding on the part of the Sisters themselves, the assistance given them by the regular revision and circulation of the infant feeding notes and lectures on the subject given during the year.

As can be seen from the above, this service caters for only a limited part of the metropolitan area, but shortage of medical staff has so far precluded any extension.

Vital Statistics, 1952.

Infant Mortality.—In 1952, 1,818 infants died before completing the first year of life, equivalent to a rate of 24.50 per 1,000 live births, which is the lowest infantile mortality rate ever recorded for New South Wales.

Table V indicates the continuous reduction that has occurred in the infant mortality rate since 1901.

TABLE V.—Infantile Mortality, New South Wales.

Period.	Rate.*	Year.	Rate.*
1901–1905	97.02	1943	36.18
1906–1910	77.51	1944	30.68
1911–1915	71.41	1945	30.63
1916–1920	65.28	1946	30.22
1921–1925	58.43	1947	29.81
1926–1930	54.78	1948	30.30
1931–1935	41.95	1949	27.29
1936–1940	41.18	1950	27.04
1941–1945	35.95	1951	26.29
1946–1950	28.91	1952	24.50

* Number of deaths of children under one year of age (excluding stillbirths) per 1,000 live births.

The rate fell below 50 deaths per 1,000 live births for the first time in 1930; it fell below 30 per 1,000 in 1947 and has continued to decline. The rate for the quinquennial period 1946–1950 was 70 per cent. lower than the rate for the period 1901–1905. This remarkable improvement has been largely due to measures adopted to combat preventable diseases.

The infantile mortality rate is consistently lower in the metropolis than in the remainder of State, the rates for 1952 being 20.71 and 26.96 respectively.

A comparison of the incidence of infantile mortality from the various classes of causes of death is shown in Table VI for the years 1951 and 1952.

TABLE VI.—Causes of Death of Children under One Year of age, N.S.W.—Rates per 1,000 Live Births.

Class Number.	*Cause of Death.	Metropolis.		Remainder of State.		N.S.W.	
		1951.	1952.	1951.	1952.	1951.	1952.
1	Infective and Parasitic Diseases .....	.69	.65	.63	.76	.65	.71
2	Neoplasms .....	.14	.03	.07	.13	.10	.09
3	Allergic, Endocrine System, Metabolic and Nutritional Diseases .....	.28	.03	.12	.22	.18	.15
4	Diseases of the Blood and Blood-Forming Organs .....	.07	.10	.02	.04	.04	.07
5	Mental, Psychoneurotic and Personality Disorders .....	...	.07	.09	.04	.06	.05
6	Diseases of the Nervous System and Sense Organs .....	.80	.69	.79	.73	.79	.71
7	Diseases of the Circulatory System .....	.10	...	.09	.11	.10	.07
8	Diseases of the Respiratory System	1.56	1.68	2.85	2.73	2.33	2.32
9	Diseases of the Digestive System .....	.94	.76	1.94	1.31	1.54	1.09
10	Diseases of the Genito-Urinary System .....	.14	...	.07	.09	.10	.05
11	Deliveries and Complications of Pregnancy, Childbirth and the Puerperium .....	...	...	...	...	...	...
12	Diseases of the Skin and Cellular Tissue .....	...	.10	.02	.04	.01	.07
13	Diseases of the Bones and Organs of Movement .....	.03	.07	.02	.02	.03	.04
14	Congenital Malformations	3.60	3.46	3.89	4.18	3.77	3.90
15	Certain Diseases of Early Infancy	13.89	12.10	17.04	15.64	15.78	14.24
16	Symptoms, Senility and Ill-defined conditions .....	.03	.21	.12	.16	.08	.18
17	Accidents, Poisonings and Violence .....	.62	.76	.81	.76	.73	.76
Total, All Causes		22.89	20.71	28.57	26.96	26.29	24.50

* Classified according to the Sixth Revision (1948) of the International List.

The mortality rates from diseases of the respiratory system, and the digestive system, and from diseases classed as peculiar to early infancy, were considerably higher in the remainder of State than in the Metropolis.

Congenital malformation and certain diseases peculiar to early infancy were responsible for 1,346 deaths or 74 per cent. of the deaths of the children under 1 year of age in New South Wales during 1952. Of the deaths classed as peculiar to early infancy, birth injuries were responsible for 244 deaths or 23 per cent. of the total; post-natal asphyxia and atelectasis 149 or 14 per cent; and immaturity (unqualified) 402 or 38 per cent.

During the past 50 years, there has been a very marked reduction in deaths due to gastro-enteritis and other diseases

of the digestive system, and to infective and parasitic diseases. The improvement in the mortality rate from congenital malformations and certain diseases peculiar to early infancy has been much less, primarily because many infants now born alive, would probably have been stillborn under conditions prevailing in earlier years. Deaths in this class throughout the first 12 months of life was lower in the Metropolis than in the remainder of State.

The major causes of death of infants under one week of age are immaturity, birth injuries, post-natal asphyxia and atelectasis and congenital malformations. Efforts to reduce the mortality rate must therefore centre upon increased and better facilities for pre-natal care and better organisation for the care of the premature babies.

TABLE VII.—Infantile Mortality Rates* in Age Groups, New South Wales.

Year.	Age at Death.							
	Under 1 week.	1 week and under 1 month.	Total under 1 month.	1 month and under 3 months.	Total under 3 months.	3 months and under 6 months.	6 months and under 12 months.	Total under 1 Year.
1932 ...	22.94	4.72	27.66	3.58	31.24	3.07	6.75	41.06
1933 ...	21.90	5.70	27.60	3.42	31.02	2.88	5.45	39.35
1934 ...	24.02	5.12	29.14	4.94	34.08	4.76	7.52	46.36
1935 ...	22.99	4.77	27.76	3.44	31.20	2.87	5.37	39.44
1936 ...	23.64	5.93	29.57	4.07	33.64	3.66	6.17	43.47
1937 ...	22.80	5.58	28.38	3.10	31.48	3.05	6.15	40.68
1938 ...	23.42	4.48	27.90	3.80	31.70	3.46	6.68	41.84
1939 ...	22.96	4.48	27.44	2.48	29.92	3.56	7.54	41.02
1940 ...	21.12	4.46	25.58	3.85	29.43	3.62	5.97	39.02
1941 ...	23.55	5.97	29.52	4.23	33.75	4.18	5.84	43.77
1942 ...	20.97	4.52	25.49	3.97	29.46	4.27	6.46	40.19
1943 ...	19.61	4.23	23.84	3.56	27.40	3.42	5.36	36.18
1944 ...	18.30	3.66	21.96	2.16	24.12	2.38	4.18	30.68
1945 ...	18.28	3.52	21.80	2.43	24.23	2.61	3.79	30.63
1946 ...	18.82	3.14	21.96	2.19	24.15	2.37	3.70	30.22
1947 ...	18.22	3.24	21.46	2.26	23.72	2.51	3.58	29.81
1948 ...	18.38	2.95	21.33	2.47	23.80	2.60	3.90	30.30
1949 ...	16.93	2.31	19.24	2.05	21.29	2.47	3.53	27.29
1950 ...	16.16	2.63	18.79	2.30	21.09	2.53	3.42	27.04
1951 ...	15.94	2.07	18.01	2.20	20.21	2.29	3.79	26.29
1952 ...	14.59	1.97	16.56	1.98	18.54	2.44	3.52	24.50

* Number of deaths of children under one year of age (excluding stillbirths) per 1,000 live births.

Table VII shows the infantile mortality rates in various age groups.

Of the total deaths of infants under 1 year of age in 1952, 60 per cent. occurred within a week of birth, 68 per cent. within the first month, and 76 per cent. within three months.

In the metropolis, the mortality rate in the first week of life was 12.75 per 1,000 live births compared with 15.79 per 1,000 in the remainder of State. The loss of infants are mainly due

to pre-natal causes. If any further substantial reduction in the infantile mortality rate is to be made, the work of combating these pre-natal courses must be extended.

This can be further emphasised by pointing out that of the 1,083 infants dying in New South Wales in 1952 during the first week of life 589, or 54 per cent., were born prematurely and that of the 146 infants aged 1 week and under a month who died, 32 or 22 per cent. were premature.

GRAPH No. 13.

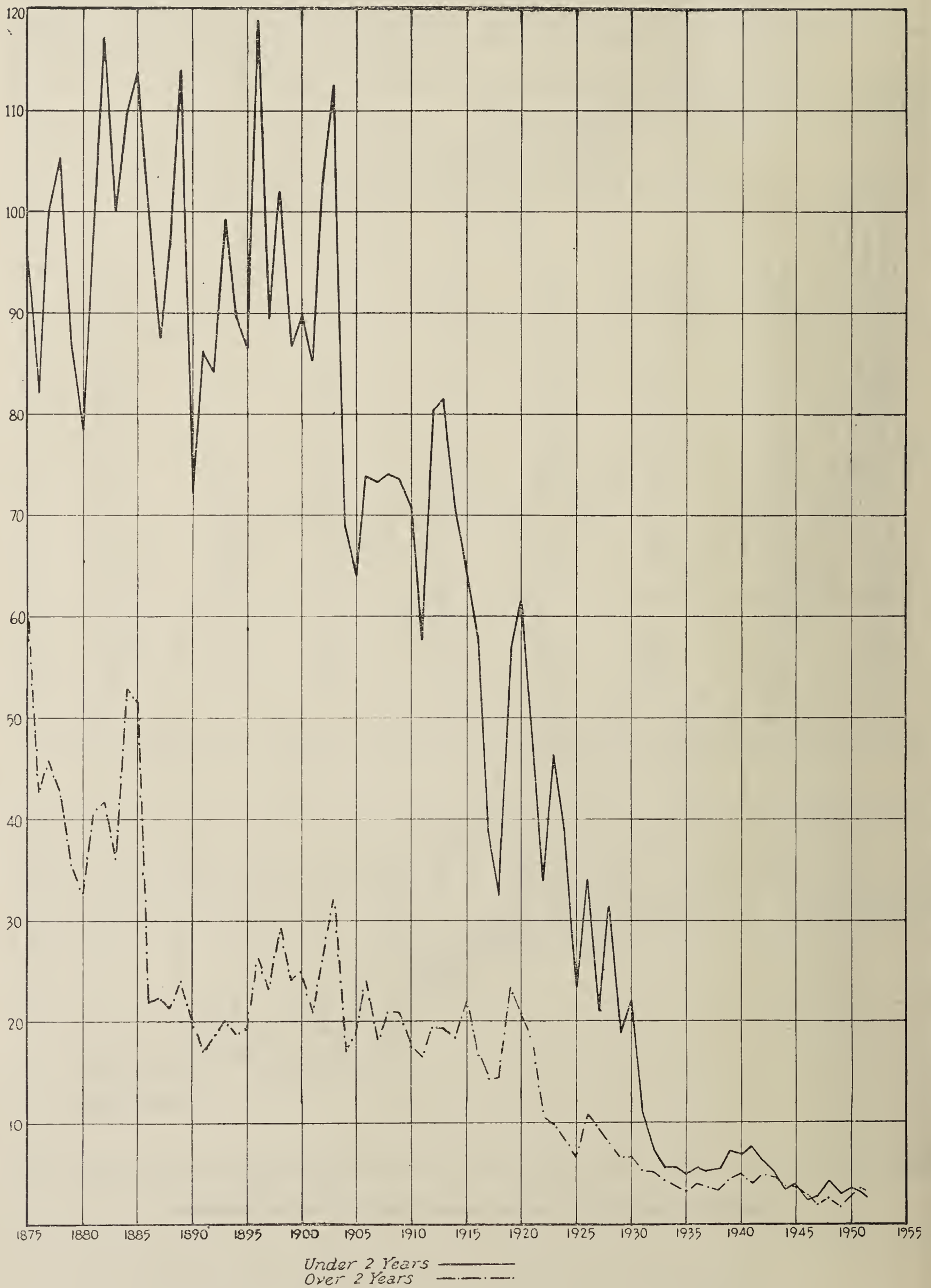
Infantile Mortality, New South Wales—In Age Periods under 1 Year, from 1895–1952.



From 1950 all death rates are compiled according to the VI International Classification.

GRAPH No. 14.

Diarrhoea and Enteritis—Annual Death Rate per 100,000 of the Population in New South Wales, 1875–1952.



From 1950 all death rates are compiled according to the VI International Classification.

PART III—PRE-SCHOOL HEALTH SERVICE.

A most valuable contribution to the care of the pre-school child is made by two voluntary organisations, both of which are subsidised by the Government, namely, the Kindergarten Union and the Sydney Day Nurseries and Nursery Schools Association.

The Kindergarten Union conducts thirty-one Kindergartens, two of which are in Newcastle (the third Newcastle Kindergarten had to be closed during the year owing to lack of staff). This organisation is subsidised by the Education Department and in 1952 received the sum of £35,000.

The Sydney Day Nurseries and Nursery Schools Association conducts seventeen nursery schools, fifteen of which are in Sydney (a new one was opened at St. Peters during the year), one in Katoomba, and one in Bathurst; this organisation is subsidised by the Department of Labour and Industry and Social Service and in 1952 received the sum of £29,000.

Since 1946 the Division of Maternal and Baby Welfare has provided a health service to these pre-school centres. Regular visits by Medical Officers of the Division are paid to twenty-nine of the Kindergartens and sixteen of the Nursery Schools. The remaining two Kindergartens are owned by the City Council and their Health Service is undertaken by a Medical Officer from the City Council. One of the Nursery Schools, namely, Bathurst, is visited by the Medical Officer of Health in charge of the Mitchell Health District, the others are visited by Medical Officers of this Division.

The aim of the Health Service is to improve and safeguard the physical, mental and dental health of the children, by regular physical examinations to detect any deviation from the normal, and by interviews with the Mothers and the Directors (or Matrons) to discuss any psychological, emotional or other problems. As a result, the parents are encouraged to seek early treatment of any abnormality which may be detected and so endeavour to prevent the development of more serious conditions.

Where treatment is required, the Mother is given a letter and advised to take her child to the family Doctor or, if no family Doctor, to the Out-patients of the Children's Hospital. Difficult behaviour problems are referred to the Child Guidance Clinic. Minor postural defects are usually kept under observation for six months by the Medical Officer, and the Mother is advised concerning suitable shoes and clothing. The Director co-operates by including suitable exercises in the daily programme.

A routine daily health inspection is encouraged at all Pre-school Centres, to prevent the spread of infection or contagion. The Medical Officers assist the Directors to recognise such conditions by showing them normal and abnormal mouths and throats at the medical sessions.

During 1952, 274 visits were paid to Pre-school Centres: 1,637 children were examined for the first time and 1,760 children were seen for the regular six-monthly check-up. Difficulty is at times experienced in arranging for the Mothers in employment to get time off to be interviewed by the Medical Officer; for this reason it was possible to interview only 1,147 of the Mothers during the year. In addition to the routine examinations, 134 children were seen for conditions requiring attention between the regular six-monthly examinations; these included bronchitis, ringworm, urticaria, conjunctivitis, minor injuries, etc.

Immunisation.

Of all the children examined only sixty-four, or 3.8 per cent., had not been immunised, fifteen of these were babies under six months. The remaining forty-nine were referred for immunisation, to their own Doctor or to the Local Authority.

Dental Health.

Close liaison was again kept with the Dental Hospital for the care of the children's teeth. The eight Dental Clinics, which were provided at the Nursery Schools by the Minister of Health in 1945, continue to be staffed by Dentists from the Dental Hospitals, and these provide an excellent service for the children attending the Nursery Schools. By courtesy of the Association, the children from six of the Kindergartens have been able to attend these Clinics and have benefited greatly thereby. Children from the remainder of the Kindergartens attend the Dental Hospital or their own Dentists; dental treatment was required by 326 children.

Nutrition.

Much care and thought is given to safeguard the nutrition of the children attending Pre-school Centres. The Directors may at any time obtain the help and guidance of the Dietitians from the Health Department. The Dietitians address meetings

of the Mothers Clubs and lecture to students at the Kindergarten Training College and at the Sydney Day Nurseries and Nursery Schools Training College. Individual advice is also given to the Mothers and Directors by the Medical Officers.

A two-course mid-day meal consisting of meat, fish, cheese or eggs together with potatoes, a green and a yellow vegetable, followed by a milk pudding with fruit, is provided at all the Nurseries and "Free" Kindergartens. In addition, milk and orange juice are given to the children during the morning and afternoon.

The estimation of the nutritional state of a child varies to some extent with the individual assessor. This variation is minimised by working to certain recognised standards. The proportion for the last three years of excellent, good, fair and bad nutrition in the Kindergartens and Day Nurseries and Nursery Schools is set out in the following table:—

	1950.	1951.	1952.
	per cent.	per cent.	per cent.
<i>Kindergartens—</i>			
Excellent nutrition	26.8	22.7	21.0
Good nutrition	63.1	67.6	61.3
Fair nutrition	9.7	9.4	16.4
Bad nutrition	0.3	0.3	1.2
<i>Day Nurseries and Schools—</i>			
Excellent nutrition	22.6	20.8	22.3
Good nutrition	64.5	68.6	57.7
Fair nutrition	12.6	9.9	18.3
Bad nutrition	0.4	0.6	1.5

Physical Defects and Abnormalities Discovered During Routine Medical Examination.

The most commonly occurring defects are dental caries, enlargement of tonsils and cervical glands, knock knees and flat feet.

Dental caries has been mentioned above. Enlargement of tonsils was noted in 903 cases, 782 of whom were kept under observation; 121 were referred for specialist treatment. Enlargement of cervical glands were noted in 819 cases; ninety of these were referred for treatment.

To assess the degree of "knock knee" the amount of separation between the internal Malleoli is measured (with the child sitting down and the legs extended): only a separation of more than 1 inch in this position was recorded as "knock knee". Measured in this way 701 children were found to have some degree of knock knee; 254 of these were referred for orthopaedic treatment while 547 were kept under observation. Flat feet were recorded in 804 children, only 154 of whom were referred for orthopaedic treatment, the remainder were kept under observation while doing special exercises daily at the Pre-school Centre.

Of the other defects found umbilical hernia or a protruding umbilicus was the next in frequency; sixty children showing some degree of either of these conditions. Strabismus was found in forty-nine children; all of these were referred to Ophthalmologists for treatment. Forty-one children were suffering from bronchitis at the time of their examination. Cardiac murmurs were discovered to be present in thirty-three cases, but none were considered to be rheumatic in origin. Acute tonsillitis was discovered at examination in twenty-three cases, all were referred for treatment. Eighteen children were referred for investigation and treatment of anaemia. Severe papular urticaria was recorded in eighteen cases, the dietary habits of these children were carefully investigated and appropriate advice given. Only the more marked degrees of bad posture were recorded; there were fourteen of these, most of whom were in the 4 to 5 year age group.

Infectious Diseases.

The measles epidemic occurring between July and September affected most Pre-school Centres; there were 674 cases in all. The other infectious diseases included 103 cases of varicella, 81 cases of whooping cough, 63 cases of acute parotitis, 56 cases of rubella and 11 cases of scarlet fever.

Acknowledgments.

I wish to express my appreciation to the Local Government Authorities, the local branches of the Country Women's Association and other Citizens' Committees for the valuable support

given by them to the establishment, replacement and maintenance of building and equipping the Baby Health Centres, and for the willingness with which the financial responsibility has been undertaken.

Tribute to Nurse Inspectors and Nursing Staff and Clerical Officers.

I would also like to pay tribute to the loyal and co-operative manner in which the Nurse Inspectors and Clerical Officers have carried out their duties at Head Office and to the splendid work done by the Baby Health Centre Sisters throughout the State.

Voluntary Organisations Organising Day Care of Pre-school Children.

Thanks and appreciation are offered by the Department to the administrative officers, the directors, matrons and com-

mittees for their co-operation in maintaining the Health Service for the children.

Medical and Administrative Staff of the Division of Maternal and Baby Welfare.

I would like to express my appreciation to the Deputy Director, the Medical Officers and the Administrative Officer for their interest and effective liaison with all branches of the activities of the Division which has contributed materially to the successful extension of the work.

The appreciation of the Division is extended to the administrative staff at Head Office and the other Branches and Divisions with which we have worked throughout the year.

Bureau of Statistics and Economics.

Special thanks is offered to Mr. Dibley and his officers who have assisted me throughout the year and in the vital statistics of this report.

E.—TUBERCULOSIS DIVISION.

REPORT OF THE DIRECTOR OF TUBERCULOSIS FOR NEW SOUTH WALES FOR THE YEAR ENDED 31st DECEMBER, 1952.

During the year 1952 the Division of Tuberculosis continued to expand and saw the development of many of the plans envisaged in the Commonwealth-State Agreement for the control of tuberculosis.

The establishment of the Division resolved into sections, comprising Administration, Visiting Nursing, Radiographic, Epidemiology, Domiciliary and Tuberculosis Allowance.

Expansion of activities resulted in increased staffing, the personnel as at 31st December, 1952, being:—

- Director.
- Deputy Director.
- One Medical Officer (Radiography).
- Two Radiologists (part-time).
- Two Medical Officers (Epidemiology).
- One Medical Officer (Domiciliary).
- One Social Worker.
- Fifteen Visiting Nurses.
- Two Nurses—Domiciliary.
- Two Nurses—Epidemiology.
- One Senior Radiographer.
- Three Radiographers.
- Two Radiographers in Training.
- Five Male Clerks.
- Two Shorthand Writer/typists.
- Five Office Assistants.
- One Car Driver.
- Two Messengers.

Compulsory Chest Radiography.

The Public Health (Amendment) Bill, 1952, was of significant importance and provided—

- (a) the compulsory notification by medical practitioners of persons suffering from, or believed to be suffering from, tuberculosis; (the Act previously provided for compulsory notification of tuberculosis only on definite pathological evidence of the existence of the disease);
- (b) it empowers the Governor, on the recommendation of the Board of Health, to require all or any persons over the age of 14 years to submit themselves to radiological examination of their lungs;
- (c) it requires a sufferer from tuberculosis to be detained in hospital until free from infection, or until he can be discharged under medical surveillance;
- (d) it permits the making of regulations to require any person believed to be suffering from tuberculosis to submit to medical examination, including radiological or bacteriological examination.

Chest X-ray Centre.

During July, 1952, the Chest X-ray Centre was opened at the Division's headquarters, situated at 86 George-street, Sydney.

The following illustrates the patronage accorded the Centre:

1952.	Micro Film.	Large Films.	Considered Active.	Considered Inactive.
July	1,106	36	8	8
August	1,649	108	12	32
September	3,018	145	26	51
October	2,945	127	23	37
November	2,911	116	30	36
December	3,966	127	18	36
	15,595	659	117	200

Divisional X-ray activities also included survey of migrants, population of mental hospitals, Commonwealth and State public servants, and all attendances at the S. and M. Fox Institute, Bankstown.

X-ray Surveys.

Apart from X-ray surveys at the clinics and institutions, survey units are situated at—

- (1) Maitland.
- (2) Singleton.
- (3) Muswellbrook.
- (4) Griffith.

Private X-ray groups in Macquarie-street, Sydney, function on Monday, Tuesday, Wednesday, Thursday, Friday—4 p.m. to 6 p.m.; Saturday mornings—9.30 a.m. to 11 a.m.

Epidemiology Section.—As this is the first annual report of this section, it seems wise to state the origin of the Section and the reasons for its inception.

The National Advisory Council of Tuberculosis decided that B.C.G. vaccine should be offered to all children of "school leaving age" in the Commonwealth. To implement this suggestion, this Section was established, in July, 1951. Apart from the Mantoux testing and vaccinating of "school leaving" group children (mass surveys), it was also decided that this Section should be responsible for the Mantoux testing of any schools in which a teacher or child was notified as suffering from active tuberculosis. (In future these surveys will be referred to as "special" surveys.)

From these beginnings the work has extended to other fields, which will be described subsequently.

The first mass survey (B.C.G.) of a "school leaving" group took place in Newcastle, in September, 1951. On this occasion 1,718 children were tested: there children were in the second year Intermediate class and fourth year Leaving (two classes). Of this number, 334 were positive reactors, giving a reactor rate of 19.4 per cent., and 1,355 were given B.C.G. vaccination. Unfortunately, due to a mistake, the results of X-ray of contacts were never received in this Division, so that we have no knowledge of any cases found from this survey.

The only other survey done in 1951 was a special survey at North Sydney Girls' High School, where two children had been notified as suffering from active disease. Four hundred and eighty-eight pupils were tested between the ages of 12-18 years: sixty-one were positive reactors, giving a positive reactor rate of 12.4 per cent. Ninety-one contacts were X-rayed, making a total of 152 X-rays. One active case of tuberculosis was discovered, two inactive and one other abnormality not tuberculous. This covered the work of the first four months.

In December, 1951, the Commonwealth Health Department requested that this Section be made responsible for the Mantoux testing and vaccinating of National Service trainees. The first group was tested in January, 1952: these included Army and Air Force. From that time on all new intakes of National Service trainees have been tested by this Division. The results of these testings are attached to this report.

The mass surveys carried out in 1952 include the following:

- Wollongong, 18th February, 1952.
- Cooranbong, 25th March, 1952.
- Manly, 16th June, 1952.
- Maitland, 7th July, 1952.
- Cessnock, 7th July, 1952.
- Singleton, 7th July, 1952.
- Tamworth, 8th August, 1952.
- Newcastle (repeat), 22nd September, 1952.

Results of these surveys are attached to this report.

The special surveys carried out in 1952 include:

- Rockdale, 1st April, 1952.
- Eugowra, 19th May, 1952.
- Blakehurst, 22nd September, 1952.
- Surry Hills Kindergarten, 14th October, 1952.
- Westmead, 24th October, 1952.
- Port Macquarie, 10th November, 1952.
- Balmain (St. Augustine's), 1st December, 1952.

In the mass surveys carried out at Newcastle (1951) and Wollongong (1952) the children who received B.C.G. vaccine were re-tested in eight weeks to obtain the conversion rate. The results were—Newcastle, 96.3 per cent.; Wollongong, 92.3

per cent. These children were again tested in twelve months to obtain a reversion rate. Results were—Newcastle, 12.2 per cent.; Wollongong, 1.92 per cent.

About March, 1952, conferences were held to discuss the problem of bovine tuberculosis. Out of these conferences it was decided to carry out Mantoux surveys in contrasting areas, one area where bovine tuberculosis in cattle was known to be high and one where it was known to be low. Surveys were carried out in Kempsey (2nd June) and Armidale-Guyra (6th June). Results of these surveys are attached hereunder.

Following the results of these surveys it was decided to investigate further the incidence of bovine tuberculosis in human beings. It was determined to carry out a survey at Glenfield Veterinary Laboratory to investigate cultures made from active cases of tuberculosis. The preliminary arrangements for this survey were commenced towards the end of 1952 and the survey is due to start in May, 1953.

About the middle of 1952 an article was published in the British Medical Journal describing mass vaccinations in Malta, which caused this Section some degree of anxiety, as the complications following vaccination were very severe. It was decided, therefore, to follow up 1,000 vaccinations. This was done in four schools, as follows:

Maitland High.
Maitland Convent.
Cessnock High.
Marist Brothers, Mosman.

The final results of this investigation are not yet available, but we have not experienced the severe complications which followed the testing in Malta.

One further large survey was carried out in the Narrabri and surrounding districts. B.C.G. vaccine was not used in the survey. The purpose was to give us a tuberculin picture of a strictly rural area for contrast with the cities, to which our activities had been confined to date.

Other minor activities included vaccination of nurses at Western Suburbs Hospital, as no vaccinators were at that time available.

This Section also carried out Mantoux tests during Health Week (21st October), and commenced Mantoux testing of children under 15 years of age at 86 George-street North, in co-operation with the X-ray unit.

A further duty of this Section is to maintain a list of private vaccinators (B.C.G.) and supply doctors with information throughout the State who may require to use vaccine. A record is also kept of all vaccine used, also duplicate T.B. C3 cards, as requested by the Commonwealth.

This Section has grown rapidly since its inauguration in July, 1951. We now have four survey teams and it is anticipated that at least one further team will be appointed during 1953. A tentative programme of 1953 activities is as follows:

Mass Surveys: Country.—

Lithgow: Blaxland Shire.
Raymond Terrace: Port Stephens Shire.
Wollongong (repeat).
Blue Mountains.
Penrith.
Bourke.
Parkes.
Forbes.
Maitland; Cessnock; Singleton (repeat).
Goobang Shire.
Kempsey.
Broken Hill.
Tamworth (repeat).
Armidale; Guyra.
Glen Innes; Tenterfield.
Newcastle (repeat).
Bathurst; Orange.
Lismore.
Wagga.
Bega.
Griffith, Leeton, Yanco.
Hay.

Mass Surveys, City.—

Bankstown,
Inner City Area:
(a) Gipps Ward,
(b) Flinders Ward,
(c) Paddington Ward,
(d) Redfern Ward,
(e) Alexandria Ward,
(f) Camperdown Ward,
(g) Glebe Ward,
(h) Macquarie Ward,
(i) Fitzroy Ward.

Manly (repeat),
Mosman: Neutral Bay (repeat).

Special Surveys.—These surveys cannot be predicted, as they depend upon the notification of cases during the year.

Other Surveys.—A complete survey of pre-school children in Kindergartens and day nurseries is planned for this year.

Apart from these, we are obliged to do a survey in Cooma and Bungendore, both from the point of view of bovine tuberculosis.

There will be a further three intakes of National Service trainees (Army), two R.A.A.F. and two Navy.

As can be seen, this is an ambitious plan. It will be possible, however, to cover this work with the addition of one further team about May, 1953. Our most acute problem is accommodation. This, however, should be relieved about the middle of May if the X-ray Section is transferred to Marx House as planned. With all the surveys the only difficulty we encounter is to arrange the X-raying of contacts of Mantoux-positive children in country areas. With some surveys, such as Newcastle (1952), we have had the use of one of our own x-ray units. This is a transportable unit which can be set up at will in any town. In this way we manage to x-ray positive reactors and contacts, and any of the population who wish to avail themselves of this facility. It should be stressed that this is an ideal method of case finding, as the Mantoux test makes selection possible and involves a minimum of expenditure.

It would greatly facilitate our work in country areas if a transportable unit could be attached to this Section to carry out work in these areas.

Although the work covered in 1952 is fairly satisfactory, it was impeded by our lack of experience in this type of work. It is anticipated that in the future we can step up the number of surveys and so increase the coverage of "school leaving" group children in this State, which was the reason for the establishment of this Epidemiological Section.

Chest Clinics.

Additional chest clinics were established during the year at Armidale, Quirindi and Tamworth.

In conjunction with the Joint Coal Board, chest clinics were also formed at Cessnock, Lithgow and Balgownie (part-time). Organisation is also in train for further clinics to be situated at Bega, Dubbo, Lismore, Orange and Kempsey.

Other existing clinics are as follows:—

Royal Prince Alfred Hospital, Camperdown.
Royal North Shore Hospital, St. Leonards.
The Anti-Tuberculosis Association Clinic, 169 Albion Street, Sydney.
Canterbury District Memorial Hospital, Campsie.
Royal Newcastle Hospital, Newcastle.
Manly Hospital, Manly.
Sydney Hospital, Sydney.
St. George District Hospital, Kogarah.
Broken Hill and District Hospital, Broken Hill.
Red Cross Clinic, Eva Hordern Home, Strathfield.
Wollongong Hospital, Wollongong.

Institutions for the care of the tuberculous patients are as follows:—

- (1) Waterfall Sanatorium—male and female.
- (2) Queen Victoria Home, Wentworth Falls—early stage, male.
- (3) Queen Victoria Home, "Thirlmere"—early stage, female.
- (4) Red Cross "Bodington" Sanatorium—male.

- (5) Red Cross "Malahide" Sanatorium, Pennant Hills—third stage, male and female.
- (6) Randwick Auxiliary Hospital—third stage or acutely ill cases, male and female.
- (7) Picton Lakes Village Tuberculosis Settlement.
- (8) R. T. Hall Sanatorium, Hazelbrook—early stage cases.
- (9) Lourdes Hospital, Killara—male and female.
- (10) Rankin Park Chest Hospital, Newcastle—male and female.
- (11) Eva Hordern Red Cross Hospital, Strathfield.

Mobile X-ray Unit.

Delivery was taken of a van built to accommodate two miniature plants. This unit is being utilised in connection with field survey work.

Rehabilitation of Tuberculous Sufferers.

In co-ordinating the activities of the N.S.W. Health Department and the Commonwealth Department of Social Services to provide, where necessary, vocation rehabilitation for tuberculosis sufferers, a Visiting T.B. Rehabilitation Panel has been formed.

It consists of a Specialist Medical Officer and a Vocational Officer from the Commonwealth Department of Social Services (Rehabilitation Branch), the Director of Tuberculosis in New South Wales, and the Medical Superintendent of the institution being visited.

A preliminary survey is being carried out of the cases of those sufferers who are being treated at clinics and out-patients' departments, hospitals and sanatoria and institutions, who are:—

WTP 3,

between the ages of 16-60,

and, in the opinion of the Medical Superintendent, likely to become fit for full-time light work within three years.

Where it is thought that a sufferer may require vocational rehabilitation, his or her eligibility for benefits under the Rehabilitation Scheme for Physically Handicapped Persons, being administered by the Commonwealth Department of Social Services, will be determined by that Department. If he or she qualifies for such benefits, the Panel will recommend appropriate rehabilitation action to the Assistant Director, Rehabilitation Branch.

National Case Register.

The National Case Register was placed in operation on 1st December, 1951.

The card is a comprehensive record, and when the information contained on the previous record cards has been absorbed in the Case Register, vital statistics should be easily accessible. Also, at a glance, the sufferer's past history and present condition will be apparent.

Contacts.

As required by the manual issued by the Commonwealth Department, a contact register has been started and a new system of contact books commenced.

Four Digit Code.

Commencement was made of classification of pulmonary tuberculosis with a four digit code. The classification was suggested by the World Health Association and the standard and interpretation were printed and distributed.

The functioning of the code is gradually gaining impetus and should eventually prove of great satisfaction in comparing the progress or otherwise of a sufferer's condition.

Tuberculosis Allowance.

Some 2,600 sufferers from tuberculosis in New South Wales are in receipt of the Tuberculosis Allowance.

Medical reviews are regularly made of each sufferer in connection with assessment of allowance.

Housekeepers' Services.

With the co-operation of the Department of Labour and Industry and Social Welfare, housekeeping service is now provided where required in the homes of tuberculous sufferers.

Housing.

The housing of tuberculous patients receives the consideration of the Tuberculosis Allowances Committee, representatives of the Department of Labour and Industry and Social Welfare and the Housing Commission. It is considered that, under prevailing circumstances, priorities allotted the tuberculous are satisfactory and meet with fairly good results.

Publicity.

Broadcasts were regularly continued from Station 2GZ, and other publicity measures include—

- (1) One film in distribution (T.B. or not T.B.), and a further film in course of preparation.
- (2) Twenty-four-sheet poster at present on fifty-five hoardings throughout State. Design adopted for a further twenty-four-sheet poster.
- (3) Two single-sheet posters for display on railway stations and ferries.
- (4) Half-sheet poster for general distribution.
- (5) Arrangements for slogans to be painted on 'buses.
- (6) Display cards in 'bus and tram racks.
- (7) Notices on "Tidy Bins".
- (8) Stickers for display in trams and trains.
- (9) Special displays for country shows and Health Week.
- (10) Special exhibit in Sydney Town Hall for Health Week.

New Australians.

Arrangements are made for the "follow up" of all cases notified by the Commonwealth Health Department and the Department of Immigration.

A card system has been developed and the person's progress followed.

In some instances it has been found that the information furnished to the Division is too scanty to effect location, and in other cases the persons have left the addresses given and their present whereabouts are unknown.

Where details are available of persons leaving the State for other parts of Australia, contact is established with the Director of Tuberculosis in such State.

Notifications.

Notifications for the year ended 31st December, 1951, 1,757. Notifications for the year ended 31st December, 1952, 1,793. Increase, 36.

Clinic Statistics.

Please see attached.

Committee Representation.

The Department was represented by the Director as—

Member of National Tuberculosis Advisory Council, Medical Referee in N.S.W. for Tuberculosis Allowance, Chairman Tuberculosis Allowance Committee, Director of Queen Victoria Homes of N.S.W., Member of Council of the Australian Tuberculosis Association, N.S.W. Branch.

Domiciliary.

Domiciliary care was a new section, commenced in August, 1951, with one doctor and a nurse.

When it started the aim was to care for patients from Randwick Auxiliary Hospital and Waterfall Sanatorium, whose medical and domiciliary conditions were suitable for "home care".

The section soon widened its activities to include patients waiting admission to hospital; those whom clinics thought did not need institutional care; and some who left sanatoria against medical advice.

It is considered that the inclusion of these types of cases has been worthwhile, e.g., in

(i) New cases:—

- (a) They are usually so bewildered and frightened by the diagnosis of pulmonary tuberculosis that they are unable to absorb the advice given by the clinic physician. In their own homes they can talk freely, ask questions and understand what they are told.
- (b) They are watched to see they carry out and understand health precautions and necessary treatment.
- (c) They are given advice on readjusting their lives, diet and personal problems.
- (d) When necessary, e.g. tuberculous laryngitis, immediate antibiotic treatment can at once alleviate suffering.

(ii) Those who leave against medical advice often feel that they have forfeited any right to further treatment, though their withdrawal was quite legitimate.

They need—

- (a) Reassurance.
- (b) Supervision to see that they do not relax public health precautions or go back to work prematurely.
- (c) When needed, further treatment is given, and the patients come under the supervision of the Domiciliary Section.

To summarise, the activities can be put under the following headings, remembering that the "Visiting Nurses" also perform similar type of work.

- (1) Education of patient and family.
- (2) Nursing—injections, teaching the elements of nursing.
- (3) Nutrition—advice on good diet in the most economical way.
- (4) Housekeeping—extra help arranged through the Social Service housekeepers.
- (5) Transport—to clinics for review or to specialists, e.g. eyes to be tested.
- (6) Social Services—Liaison with this Department.
- (7) Mental hygiene—Advice.
- (8) Rehabilitation and occupational therapy.
- (9) Arrange medical treatment—given under guidance of clinic.
- (10) Housing—when unsuitable, accommodation is sought.
- (11) Investigation of home conditions before patients are released from institutional care.
- (12) Co-operation with clinics and advice to private practitioners when they seek the help of the Tuberculosis Division.

During 1952, the Domiciliary Section expanded greatly, as

the clinics and hospitals appreciated the service and realised its advantages.

In February there were 41 patients with 197 visits.

„ March	„ 34	„ 169	„
„ May	„ 44	„ 247	„
„ July	„ 61	„ 331	„
„ August	„ 54	„ 351	„
„ September	„ 57	„ 414	„
„ October	„ 71	„ 433	„
„ November	„ 72	„ 418	„
„ December	„ 78	„ 525	„

Waterfall Sanatorium was visited by the Medical Officer every three months for the review of patients from that institution who were under domiciliary care.

Randwick Auxiliary Hospital, Anti-Tuberculosis Clinic, Royal North Shore Hospital, Royal Prince Alfred Hospital, Manly Hospital and Sydney Hospital were also visited by the Medical Officer at least twice a month to report on the patients' progress, seek advice and see X-rays and read pathological results.

It is considered that domiciliary treatment has been successful. It permits more beds to become available for new patients, increases turnover, reduces waiting lists and this results in earlier and more effective control of the disease.

NOTIFICATIONS.

TABLE 1.—Showing the Age and Sex Incidence of the Cases of Pulmonary Tuberculosis notified during the year 1952.

Age Period.	Metropolitan Combined Sanitary District Mean Population.			Broken Hill Combined Sanitary District Mean Population.			South Coast Health District Mean Population.			Mitchell Health District Mean Population.			Richmond- Tweed Health District Mean Population.			Hunter River Combined Sanitary District Mean Population.			Remainder of State Mean Population.			Other States and A.C.T.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	2	3	5	...	...	...	1	...	1	1	...	1	...	1	...	...	...	...	1	2	3	...	...	...	6	5	11
1-4	10	13	23	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	2	1	3	...	...	...	12	15	27
5-14	7	9	16	...	...	...	1	4	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	9	13	22	
15-24	70	102	172	1	...	1	6	8	14	6	1	7	1	1	2	1	8	9	12	15	27	...	1	1	97	136	233
25-34	151	148	299	2	1	3	9	6	15	3	5	8	1	3	4	7	12	19	32	27	59	...	3	3	205	205	410
35-44	137	93	230	...	1	1	8	10	18	6	3	9	4	1	5	6	12	18	23	18	41	...	1	1	184	139	323
45-54	182	44	226	7	...	7	9	...	9	...	3	3	2	2	4	15	4	19	25	4	29	1	...	1	241	57	298
55-64	170	34	204	2	...	2	6	1	7	5	4	9	2	1	3	13	2	15	29	8	37	2	1	3	229	51	280
65 and over...	110	22	132	2	...	2	1	...	1	8	1	9	5	1	6	11	2	13	30	5	35	1	...	1	168	31	199
All Ages ...	839	468	1,307	14	2	16	41	29	70	30	18	48	16	9	25	53	40	93	154	80	234	4	6	10	1,151	652	1,803

It will be noted that actually 1,793 notifications are for the State of New South Wales and that 10 notifications were received from other States and the Australian Capital Territory, aggregating 1,803.

TABLE 2.—Showing the Number of Deaths from all Forms of Tuberculosis during the Year ended 31st December, 1952.

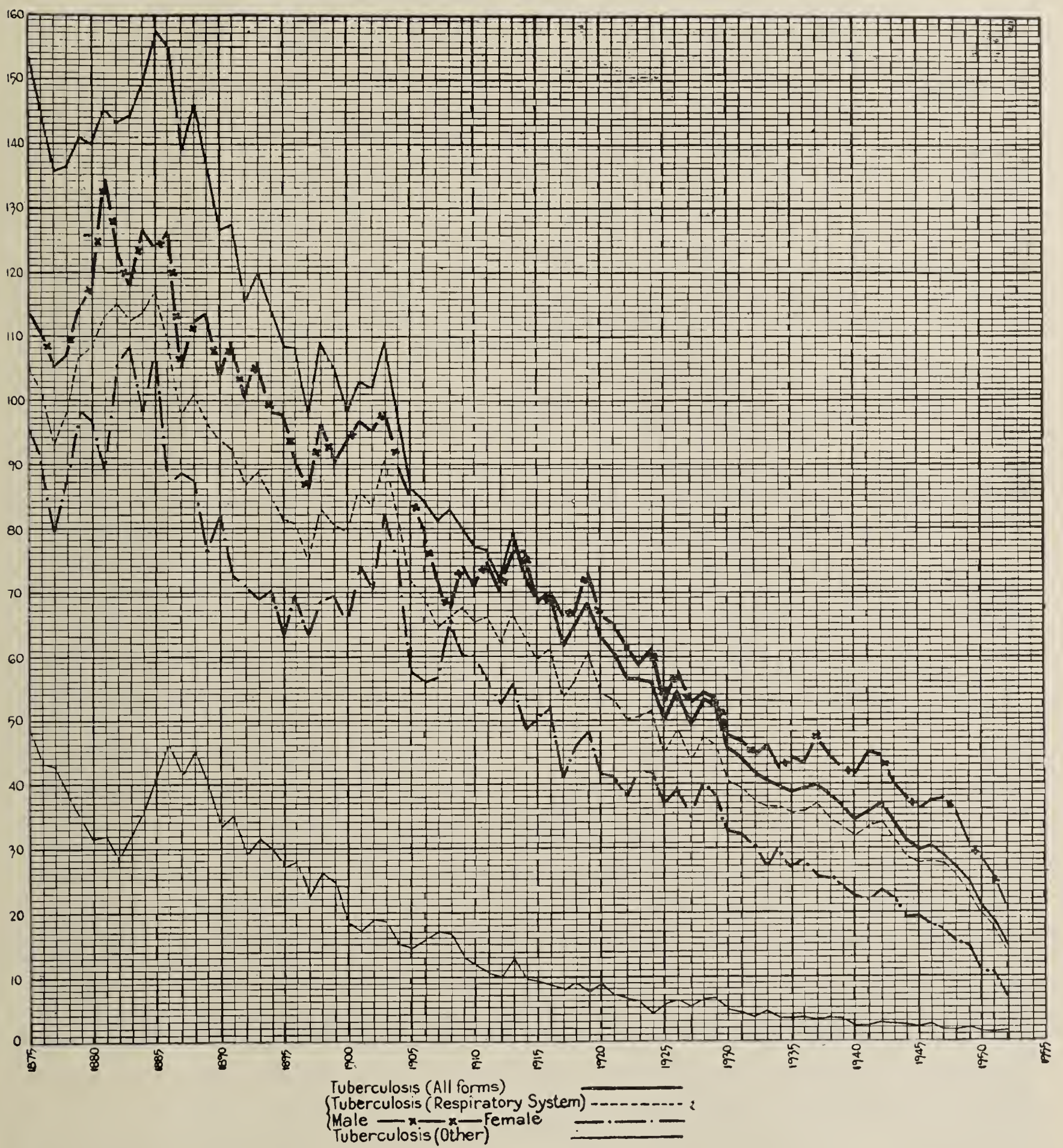
	Males.	Females.	Total.
Respiratory system	344	109	453
Meninges and nervous system ...	11	7	18
Other	9	15	24
Total	364	131	495

Number of Patients Receiving Institutional Treatment for Twelve Months Ended 31st December, 1952.

	Princess Juliana Annexe R.N.S.H.	Randwick Auxiliary Hospital Randwick.	Waterfall Sanatorium.	Q.V. Home Wentworth Falls.	Q.V. Home Thirlmere.	Bodington Red Cross Chest Hospital.	Malahide Red Cross Hospital.	Eva Hordern Red Cross Hospital.	R. T. Hall Hospital.	Rankin Park Chest Hospital.
1. Number of patients in Institution on 1st January, 1952 ... ..	...	147	246	54	51	107	21	14	3	51
2. Number of patients admitted during year	80	151	261	45	75	155	27	33	8	187
3. Number of patients discharged (including deaths)	42	109	244	40	61	163	28	34	8	161
4. Number of patients remaining in Institution on 31st December, 1952	38	204	263	59	65	99	21	13	3	77
5. Average daily number of beds occupied ...	25	178.3	261	53.57	63.86	116	21.8	15	4	75

GRAPH No. 15.

Tuberculosis—Annual Death Rate per 100,000 of the Population in New South Wales, 1875–1952.



AVERAGE RESIDENCE IN SANATORIA AND HOSPITALS.

Showing the average Residence in Days and Condition on Discharge from Sanatoria and Hospitals of Patients under Treatment for Period of Twelve Months ended 31st December, 1952.

	Princess Juliana Annexe, R.N.S.H.		Rankin Park Chest Hospital, New Lambton.		Randwick Auxiliary Hospital, Randwick.		Waterfall Sanatorium, Waterfall.		Q.V. Home, Wentworth Falls.		Q.V. Home, Thirlmere.		Bodington Red Cross Chest Hospital, Wentworth Falls.		Malahide Red Cross Hospital, Pennant Hills.		Eva Hordern Red Cross Hospital, Strathfield.		R. T. Hall Sanatorium, Hazelbrook.	
Condition on Discharge.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.	No. Pts.	Av. Res. in Days.
Inactive	5	126	4	71.75	...	...	1	612	...	...	...	...	67	290	1	38	8	99	...	...
Arrested	9	123	6	124	...	...	...	...	21	439	38	333	53	326	...	...	21	113	...	...
Much improved	1	57	56	140.5	6	199	...	...	9	478	15	273	26	248	...	...	1	49	7	149
Improved	8	131	81	125.7	40	179	85	459	4	420	2	261	3	113	8	342	1	70	2	149
Stationary	4	49	31	111.4	23	97	79	255	6	439	4	79	10	33	5	129	3	54	2	23
Worse	1	104	13	145.2	3	176	...	...	...	...	2	488	...	...	...	...	...	...	...	...
Died .....	...	...	24	64.7	37	79	29	1,088	...	...	...	...	2	156	14	193	...	...	...	...

Showing Condition on Admission and on Discharge of Patients in Sanatoria and Hospitals during the Year ended 31st December, 1952.

Condtion on Admission.	Condition on Discharge.									Condition on Discharge.								Conditon on Discharge.							
	Inac.	Arr.	M.I.	I.	S.	W.	D.	Total.	Inac.	Arr.	M.I.	I.	S.	W.	D.	Total.	Inac.	Arr.	M.I.	I.	S.	W.	D.	Total.	
	Princess Jullana Annexe of R.N.S.H.									Rankin Park Chest Hosptal.								Randwick Auxillary Hospital.							
Minimal ...	...	2	...	1	1	1	...	5	4	4	15	8	...	1	...	32	...	...	...	...	1	...	...	1
Mod. adv. ...	4	7	1	6	1	...	...	19	...	2	23	35	10	3	...	73	...	...	2	19	5	...	5	31
Far adv. ...	1	...	...	1	2	...	...	4	...	...	18	38	21	9	24	110	...	...	4	21	17	3	32	77
Totals ...	5	9	1	8	4	1	...	28	4	6	56	81	31	13	24	215	...	...	6	40	23	3	37	109
Waterfall Sanatorium.									Q.V. Home, Wentworth Falls.								Q.V. Home, Thirlmere.								
Minimal ...	...	...	...	7	5	...	...	12	...	4	...	...	...	...	...	4	...	8	1	...	2	...	...	11
Mod. Adv. ...	1	...	...	58	57	...	16	132	...	17	9	4	5	...	...	35	...	30	14	2	2	...	...	50
Far Adv. ...	...	...	...	20	17	...	13	50	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
Totals ...	...	...	...	85	79	...	29	194	...	21	9	4	6	...	...	40	...	38	15	2	4	2	...	61
Bodington Red Cross Chest Hospital.									Malahide Red Cross Hospital.								Eva Hordern Red Cross Hospital.								
Minimal ...	9	4	...	...	1	...	...	14	1	...	...	...	...	...	...	1	5	3	...	1	...	...	...	9
Mod. Adv. ...	52	47	21	1	8	...	2	131	...	...	...	8	2	...	...	10	3	18	1	...	2	...	...	24
Far Adv. ...	6	2	5	2	1	...	...	16	...	...	...	...	3	...	14	17	...	...	...	1	...	...	1	
Totals ...	67	53	26	3	10	...	2	161	1	...	...	8	5	...	14	28	8	21	1	1	3	...	...	34

R. T. Hall Sanatorium.--3 minimal cases admitted, of whom 1 discharged M.I. and 2 I.
8 mod. adv. cases admitted, of whom 6 discharged M.I. and 2 Stationary.
Total, 11.

Completed Epidemiological Surveys—Year September 1951–December 1952.

Site of Survey.	Com- menced.	No. of Schools.	Age Limits.	No. of Pupils.	No. of Positive Reactors.	Reactor Rate.	No. Vac- cinated.	No. X- Rayed.	Families Visited.	No. of Contacts.	Contacts X-Rayed.	Total No. of X-Rays.	Active T.B.	In- active T.B.	Other Abnorm- alities.
(1) Mass Surveys.						%									
Newcastle	18-9-1951	16	12-17	1,718	334	19.4	1,355	334	...	...	...	334	...	...	...
Wollongong	18-2-1952	10	11-16	1,445	195	13.5	1,248	195	...	538	381 + 55	596 + 55	3	17	12
Cooranbong	25-3-1952	1	All ages.	359	136	37.9	223	110	...	...	...	...	...	...	...
Manly	16-6-1952	6	14-20	645	74	11.4	563	93	...	286	153 + 65	249 + 65	4	11	8
Maitland-Cessnock- Singleton.	30-6-1952	11	12-23	1,519	156	10.60	1,335	179	...	509	351 + 30	560	2?	17	4
Mosman-Neutral Bay...	7-7-1952	6	10-18	666	64	9.6	598	63	64	149	89	152 + 53	1	...	1
Tamworth	4-8-1952	8	12-18	619	61	9.8	556	61	...	165	99	160	1	45	3
Newcastle	22-9-1952	16	12-17	1,799	228	12.6	1,582	245	185	779	444 + 125	689 + 125	2	5	6
(2) Special Surveys—															
Nth. Sydney Girl's H.S.	10-1951	1	12-18	488	61	12.42	...	61	...	146	91	152	1	2	1
Rockdale	1-4-1952	1	7-15	91	13	14.3	...	13	...	37	23	38	...	8	...
Eugowra	19-4-1952	2	4-16	200	16	8	...	16	...	...	...	16	...	...	...
Blakehurst	22-9-1952	1	4-13	384	13	3.37	...	13	13	33	29 + 3	47	...	3	...
Surry Hills Kinder- garten	14-10-1952	1	5	39	...	...	...	...	...	...	...	...	...	...	...
Westmead Boy's Home	24-10-1952	1	10-17	185	20	10.41	...	18	...	...	...	18	...	...	...
Port Macquarie	27-10-1952	3	5-16	504	72	14.2	...	...	...	...	...	...	...	...	...
Balmain (St. Aug.) ...	1-12-1952	1	4-9	120	5	4.16	...	5	5	18	11 + 5	16 + 5	...	...	...
(3) Bovine Surveys—															
Kempsey	2-6-1952	3	4-13	956	212	22.1	...	206	...	...	...	206	...	4	...
Armidale-Guyra	16-6-1952	5	4-14	649	6	0.92	...	6	...	...	...	6	...	1	...
(4) National Service Trainees—															
2nd Intake	3-1-1952	...	18	2,798	564	20.1	2,225	...	...	...	...	...	...	...	...
3rd Intake	28-7-1952	...	18	3,005	421	14	2,584	...	...	...	...	...	...	...	...
Naval Intake	8-8-1952	...	18	159	57	35.8	102	...	...	...	...	...	...	...	...
4th Intake	28-8-1952	...	18	2,945	758	25.8	2,171	...	...	...	...	...	...	...	...
R.A.A.F. 1	29-9-1952	...	18	553	104	17.4	448	...	...	...	...	...	...	...	...
R.A.A.F. 2	13-10-1952	...	18					...	...	...	...	...	...	...	...
(5) Other Surveys—															
George-street North (Sydney)	8-1952	...	0-15	631	49	7.76	...	...	...	...	...	...	...	...	...
Health Week	21-10-1952	...	All ages.	47	3	6.4	...	...	...	...	...	...	...	...	...
Narrabri	10-11-1952	22	2-16	1,432	143	9.98	...	135	...	...	15	150	...	3	1

F. INDUSTRIAL HYGIENE.

REPORT OF THE DIRECTOR FOR THE YEAR ENDED 31st DECEMBER, 1952.

Divisional Staff.

Director.—C. J. CUMMINS, M.B. B.S., D.P.H. (promoted to position of Deputy Director-General of Public Health as from 16th December, 1952).

Medical Officers.—T. L. DUNN, M.B. B.S., D.P.H., D.T.M. and H. V. E. M. SHEPPARD, M.B. B.S.

Chief Scientific Assistant.—H. E. G. RAYNER, B.Sc.

Scientific Assistants.—

Engineering: H. M. WHAITE, B.E.

Chemistry: J. L. SULLIVAN, F.S.T.C.
A. T. JONES, B.Sc.

Trainees—University of Technology.—

Engineering: Vacant.

Applied Chemistry: L. E. A. MANCQ.

Laboratory Assistant: S. G. SZEGHY (resigned 29th October, 1952).

Laboratory Attendant: S. RAWLIN.

Clerical Officer: W. A. HALL.

Stenographer: Mrs. M. HILL

Introduction.

1952 was the first full year in the new quarters at 86 George Street, and the staff appreciated the improved working conditions and greater facilities for routine work and scientific research. Two members of the staff left the Division in the latter part of the year and the vacancies had not been filled at 31st December.

S. G. Szeghy, laboratory assistant, resigned on 29th October to take a position at the Royal Hobart General Hospital. On 16th December, Dr. C. J. Cummins vacated the position of Director of Industrial Hygiene following his appointment to the office of Deputy Director-General of Public Health. The division is the best housed and equipped industrial hygiene unit in Australia, and its capacity to undertake investigations of industrial hazards can be compared with larger and well-known overseas industrial hygiene units. Reports on surveys carried out are evidence of the high standard of work.

The amount of work carried out in 1952 was comparable to that of the previous year. A summary of the medical examinations, factory, mine and other field inspections, is shown in Table I.

Surveys.

(a) The report on the health of gas production employees which was completed towards the end of 1951, was printed and distributed. It has been favourably commended by overseas authorities.

(b) An investigation into Health Hazards in Gas Distribution in New South Wales has been completed and should be printed and made available for distribution shortly.

These two inquiries were conducted on the recommendation of the 1949 Royal Commission of Inquiry into the Gas Industry.

(c) An investigation into the effects of inhalation of compounding and storage powders in the rubber industry has been continued from last year. Forty-four (44) medical examinations and X-rays have been completed, and approximately 25 remain to be carried out. There are temporary difficulties in arranging the X-ray examinations to meet the convenience of the examinees. Atmospheric dust tests have been completed.

(d) An investigation into the incidence of pneumoconiosis in the manufacture and use of asbestos compounds is proceeding and to date one hundred and nine (109) employees in the industry have been examined and X-rayed. A number of tests has been taken to ascertain the degree of exposure to dust. Four new cases of early asbestosis have been revealed. All were employed in the manufacture of fibro asbestos sheets. It will take several months to complete this inquiry.

(e) A dust survey of the monumental masons' industry was confined to nine (9) yards where granite was the most commonly used rock. Dust concentrations during abrasive blast-

ing, whether by sand, shot or other material, were low and the operation was not considered to be hazardous. A possible, but not a major, dust problem exists in connection with the use of pneumatic hand tools.

No satisfactory medical conclusions are possible as there was little desire on the part of either employees or employers to co-operate in this regard. It is, however, a practice for a large proportion of the men concerned to arrange for their own chest X-rays at various intervals, and from informal discussions with these men, pneumoconiosis does not appear to be an important factor in the industry.

Liaison with Department of Labour and Industry and Social Welfare.

The close liaison with the Department of Labour and Industry and Social Welfare has continued to function smoothly and has expedited the investigation of industrial problems encountered by this Division and the factory inspectorate. The number of factory inspections made by the special liaison officer from September, 1949, to the end of 1952 is 2,580, of which 990 were made during 1952.

Special attention has been paid by the Department of Labour and Industry and Social Welfare to the Starch and Conditment Industry, which was the subject of a survey in 1951 and as a result corrective measures, such as improved ventilation, have been applied.

Similarly in factories engaged in the manufacture of electric accumulators, lead smelting plants, and other lead processes, improved working conditions have resulted from the erection of new premises, the enlargement of existing ones and the provision of better amenities.

Regulations to ensure the safety and health of certain welding and rivetting processes have been proclaimed and new regulations to cover all lead processes have been drafted.

Liaison with Other Departments.

The Division acts as adviser to the Department of Mines on problems of dust suppression and ventilation in coal mines, under the Coal Mines Regulation Act 1912-1947, and in metalliferous mines, quarries and crushers used for the purpose of obtaining minerals under the Mines Inspection Act. The Division acts as examining authority to the Chief Secretary's Department with respect to ventilation of theatres and public halls. It also represents the Department of Health on Committees reporting to the Chief Secretary on proposed amendments to the Theatres and Public Halls Act and Regulations.

In atmospheric pollution problems the Division advises local government bodies in regard to sampling and interpretation of results.

The training of dust research officers of the Joint Coal Board is undertaken and quarterly conferences are arranged to discuss with these officers matters arising from their field tests. Similar training is provided for employees of the Metropolitan Water, Sewerage and Drainage Board, who are responsible for testing for dust in the atmosphere of construction tunnels, trenches and other workings.

Education in Industrial Hygiene.

Articles prepared by the staff have appeared in the "Accident Prevention Bulletin", which is published monthly by the Department of Labour and Industry and Social Welfare, and also in Trade Union Directories.

Arrangements have been made to hold in 1953 a series of ten post-graduate lectures on Toxic Dust and Fumes in Industry (Industrial Hygiene). These have been sponsored jointly by New South Wales University of Technology Chemical Engineering School and the University of Sydney Chemical Engineering School and Association. Six of these lectures will be given by the staff of the Division of Industrial Hygiene.

An exhibit, including serial photographs of chest X-rays of workers in this State who have contracted asbestosis, was

prepared for the Conference of Radiologists of Australia and New Zealand which was held in New Zealand in October, 1952. It created much interest and discussion.

New Equipment.

An X-ray diffraction apparatus and a slit sampler have been added to the laboratory equipment during the year. The former is being used for chemical analysis of industrial dust, and the latter for measuring bacterial concentrations in offices, theatres and factories.

Committees.

Standards Association of Australia.

The Division was represented on the following committees:—

- Paints and Varnishes—J. Sullivan.
- Codes of General Principles for Safe Working in Industry—C. J. Cummins.
- Safety Standards Co-ordinating Committee—C. J. Cummins.
- Refrigeration Section Committee (Revision Sub-Committee No. 2)—C. J. Cummins.

H. M. Whaite was a member of a Committee called by the S.A.A. at the request of the Scaffolding and Lifts Branch, Department of Labour and Industry and Social Welfare to draft regulations for the use of diesel engines in underground workings.

National Health and Medical Research Council of Australia.

Committee on Industrial Hygiene—C. J. Cummins.

Comparison of Work, 1951-1952.

Table I gives a comparison of work carried out in 1952 as compared with 1951. The number of manhours involved in field work was included for the first time in the 1951 report. On the basis of forty effective working weeks in a year, 1,410 manhours would be equivalent approximately to one man's work for one year. In addition to making inspections, considerable time has to be spent in counting dust slides, evaluating the results, and compiling reports.

TABLE I.

Comparison Work, 1951-1952.

Activity.	1951.		1952.	
	Number.	Man-hours.	Number.	Man-hours.
Medical examinations	1,053	...	1,273	...
Blood counts	614	...	897	...
X-ray examinations	404	...	229	...
Factory inspections	283	1,928.5	239	1,451
Coal Mine investigations in days	31	...	9	...
Investigation of ventilation in picture theatres	16	...	6	...

This report is a summary of the more important investigations carried out and includes tables showing the number of cases of lead poisoning, occupational dermatitis and pneumoconiosis seen during the year.

Lead.

Four hundred and twenty-eight (428) employees in contact with lead were examined at the Division of Industrial Hygiene or at their work place for evidence of lead poisoning, with the following results. Comparable figures for 1951 are shown in brackets:—

Lead poisoning	13 (13)
Lead absorption	82 (42)
Not affected by lead	333 (336)

Apart from the above clinical examinations, 5,030 blood slides were received for determination of stippled cell counts

from industries with a lead hazard. One hundred and eighty-two (182) of these slides had counts of 5,000 or more per million red blood cells, and probably could also be classified as cases of lead absorption, or at least are indicative of an undue industrial exposure to lead compounds.

The occupational distribution of the thirteen cases of lead poisoning as compared with 1951 is given in Table II.

TABLE II.

Distribution of Lead Poisoning by Trade.

Industry.	1951.	1952.	Occupation.	1951.	1952.
Accumulator Battery Manu- facture.	8	8	Paster	3	3
			Mixer.....	1	...
			Handling Dry Plates	2	...
			Oxide Manufacture	1	1
			Burning	1	...
			Formation worker ...	...	1
			Storeman .....	...	1
			Builder's labourer ...	...	1
Painting	3	1	Plate Separator .....	...	1
			House Painting	3	...
Smelting of Metals	1	...	Bridge Painter .....	...	1
			Lead smelter	1	...
Engineering .....	...	1	Panel Beater .....	...	1
Electrical Trades	...	1	Electrical Mechanic	...	1
Pigment Manufac- ture.	1	...	Mixer.....	1	...

Carbon Monoxide—Gas Distribution.

As mentioned earlier, a survey has been conducted into the health hazards in gas distribution. The principal, and indeed the only medical hazard in this branch of the gas industry, is from inhalation of carbon monoxide.

The possibility of acute gassing is well recognised, especially in service layers and certain members of the mains gangs, many of whom claimed that they had been gassed many times per year. Examination failed to find any medical sequelae or ill-health resulting from previous attacks of acute or sub-acute carbon monoxide poisoning.

In certain groups of employees there was repeated exposure to concentrations of carbon monoxide greater than those accepted as safe working practice. Despite this, it was not possible to determine any syndrome or ill-health which could be attributed to chronic exposure to carbon monoxide.

However, in this populace high blood pressure readings were common, with a definite increase in the age specific mean blood pressures when compared with other industrial populaces. This was more marked in the quinquennial age groups from 40 to 65. The mean blood pressure of that section of the survey group most exposed to carbon monoxide was not significantly higher than for the section with minimal exposure to carbon monoxide.

It is considered that the increase in mean blood pressures from the age of 40 was a reflection of the incidence of arteriosclerotic hypertensive disease in these age groups, a trend which has been noted in other industrial populaces, particularly in the United States of America. Although the incidence of this type of disease was higher than that reported in Australian industrial groups, it was comparable with the incidence in varying American working populaces. It is not considered that occupational factors have had any influence on this rate in the survey population.

The general standard of health of those examined was good and the incidence of diseases and physical abnormalities not abnormal.

Dermatitis.

Of the ninety-four patients who attended this Division during 1952 suffering from skin trouble, twenty-seven were diagnosed as having occupational dermatitis. Another ten patients were found to have dermatitis of non-occupational origin, but which had been aggravated by working conditions.

The cases of occupational dermatitis are set out in the following Table III.

TABLE III.
Occupational Dermatitis—1952.

Classification.	Causative Agent.	Occupation.	Number of cases.
Mechanical agents ...	...	...	...
Physical agents .....	...	...	...
Chemical agents	Miscellaneous ...	Process worker (plating).	1
	Soda Ash	Waterside worker.	1
	Solvents	Lithographic printer.	1
	Sulphur	Waterside worker.	1
	Soap	Ship's steward	1
	Solvents	French-polisher.	1
Sensitizers and Allergens.	Sunflower seeds	Waterside worker.	1
	Wet leather ...	Stitcher (boot trade).	1
	Copra	Waterside worker.	4
	Rubber mix ...	Rubber process worker.	1
Plants and Woods ...	Borneo logs	Waterside worker.	3
Biological agents ...	Copra mites ...	Waterside worker.	2
	Mites from straw	Waterside worker.	3
	Mites from cork	Waterside worker.	1
Doubtful aetiology ...	? treated timber	Waterside worker.	1
	? soda ash	Waterside worker.	1
	? turpentine ...	French polisher.	1
	? flour	Pastry cook ...	1
	? hot water and soap.	Cleaner (milk tanks).	1

Mining and Dusty Trades.

Radiographs of Lungs of Persons in Dusty Trades.—In addition to 44 rubber workers and 109 asbestos workers who were X-rayed in surveys of these industries, 76 workers examined in routine investigations were also X-rayed. The occupations and results of X-rays of the persons examined are shown in Table IV.

The three furnace bricklayers, the biograph operator, the tile maker and three of the asbestos workers, all of whom had shown X-ray changes in earlier years, were re-examined to determine any changes clinically or in the X-ray appearances.

Four new cases and a probable case of early asbestosis were detected. All were employed in the manufacture of fibro-asbestos sheets. Two probable cases of early pneumoconiosis were found during the examination of employees in Sydney rubber factories. The two men, aged 54 and 50, had worked as weighers in the compound room of the same factory for thirty-two and twenty-seven years respectively. Exposure to carbon black was much higher than to other dusts.

TABLE IV.

Occupation.	Normal.	Increased Markings.	Nodular Fibrosis.	Misc. (not due to occupation).
Foundry moulders	1	2	2	1 (virus pneumonia)
Foundry Dressers	1	1	...	...
Foundry Labourers	3	...	...	...
Welders and Boilermakers .....	...	1	...	...
Sandblasters	7	1	2	...
Sandstone workers and tunnellers	...	...	1	...
Coal and Shale Miners .....	...	...	5	...
Ore millers	1	2	...	...
Asbestos workers	83	18	8 (asbestosis)	...
Divers and Calsson workers ...	3	...	...	...
Quarry men (Quartzite)	4	...	...	...
Enamel Sprayers .....	...	...	1	...
Biograph Operators .....	...	...	1	...
Furnace Bricklayers (previously examined).	1	2	...	...
Tile makers .....	...	...	1	...
Metalliferous miners	1	...	5	...
Batch mixers, glass manufacture	4	...	...	...
Stone masons	2	...	...	...
Manufacturers of rubber products	41	...	2	1 (TB)
Miscellaneous	15	3	...	2 (TB)
Total	167	31	27	4

Investigation of Dust Hazards in Mining and other Dusty Trades—

Coal Mines.—An investigation was made of allegedly dusty conditions during mechanical loading in three districts in Bulli Colliery. Dust sampling was carried out in twenty-eight different places and in some of these the proclaimed standard of 700 particles per cubic centimetre of air was exceeded. The counts were statistically analysed to determine the cause of the dustiness. It was found that—

- (a) One district (Main West) was significantly dustier than the other two.
- (b) There was no evidence that any particular loader produced more dust than the other loaders.
- (c) A large number of sprays (e.g. over nine) on the loader apparently increased the dustiness of a place, possibly due to impact of the water droplets raising more dust into air-borne suspension.
- (d) Ventilation of the face by the entry of the air from the "wide" side of the brattice was apparently no more efficient in reducing the dustiness than ventilating the place from the more usual "narrow" side.
- (e) A reciprocal correlation of "make of dust" with air flow and air movement near the face could not be demonstrated. Highest dust counts were found to occur with air flows lying between 4,000 and 6,000 cubic feet per minute and with air movements between 30 and 60 feet per minute.

The three findings (c), (d) and (e) are at variance with accepted ideas.

In Coal Cliff Colliery tests were taken to determine the efficacy of a miscible oil, diluted to one in eighty with water, in reducing dust when skip filling by hand. A 64 per cent. reduction in dustiness was achieved by using the oil-water mixture in place of water, but statistical analysis showed that this reduction was not significant.

Crushing Plants.—Three plants for crushing rock or gravel for building and road making purposes were investigated. At Lismore the Municipal Council basalt quarry and associated crushing and screening plant were tested with an Owens' dust counter and a circular konimeter. Near the jaw crusher, the average concentration of dust was 1,200 particles per cc. (Owens') and 530 particles per cc. (konimeter) and, in the screen house, 1830 particles per cc. (Owens') and 1,160 particles per cc. (konimeter). Since workmen were employed continuously at the former point, exhaust ventilation was recommended.

In the crushing and screening plant and in the dolerite quarry of the N.S.W. Associated Blue Metal Quarries Ltd., at Prospect, near Sydney, the highest average dust concentration of 610 particles per cubic centimetre (Owens') was found near a conveyor belt under a crusher. This position was only occupied intermittently.

The plant of the Emu and Prospect Gravel and Road Metal Company at Emu Plains was tested with seven different instruments. Two points intermittently occupied by workmen were used as test positions. The Owens' dust counts averaged 550 particles per cubic centimetre (screening floor) and 920 particles per cubic centimetre (cone crusher). The free silica of the gravel being handled was about 60 per cent. for which the accepted standard is 200 particles per cubic centimetre (Owens').

Agreement between the dust counts by the various instruments was not close. It was found that the free silica content of the air-borne dust, as collected by soxhlet thimble, was higher than that of the dust collected simultaneously by Greenburg-Smith impinger, and that the over ten-micron fraction of the latter dust had a higher free silica content than the under ten-micron fraction. It is possible that the lower free silica content of the Greenburg-Smith fraction was due to solubility of that mineral in the collecting liquid (alcohol-water mixture).

Asbestos Mine.—This mine is situated at Baryugil near Grafton. Samples taken with the midget impinger showed that the average dust concentration near the crusher was 12.6 million particles per cubic foot and near the bagging point 11.1 million per cubic foot. The two workmen employed at these points were subsequently x-rayed and found to have increased lung markings.

Excavations in Sandstone.—As a rule, large excavations in sandstone in this State are carried out without exposing the employee to dangerous dust concentrations. Trained employees of the organisations undertaking the larger constructions make regular checks of the working atmosphere to see that the ventilation is capable of effectively removing the dust generated. However, in the smaller works such safeguards are not available, and it is left to this Division and the Scaffolding and Lifts Branch of the Department of Labour and Industry and Social Welfare to safeguard the health of employees.

Examination of working conditions in ten excavations for electricity substations and new buildings and three sewerage tunnels and three trenches, most of which were being carried out by private contractors, showed that there was in some cases a gross exposure to dust and in others an exposure above the standard of 200 particles per cc. required by the Labourers' (State) General Award. The average dust counts varied between 260 and 3,070 particles per cubic centimetre.

When advised that the conditions were unsatisfactory, the Scaffolding and Lifts Branch took appropriate action and, in several cases, the work was stopped until mechanical ventilation was installed or increased.

Porcelain Enamelling.

Following a union inquiry regarding exposure to dust when dry brushing unfired enamel from the edges of dipped or sprayed sheet metal articles, tests were carried out at five Sydney factories. The average dust counts varied from 130 to 555 particles per cubic centimetre and the free silica content of the dust brushed off was between nil and 3 per cent.

The brushing is done with pieces of rag, pointed sticks, small hair brushes and, for screw holes, small air-driven rotary brushes. In Sydney these methods are universal and mechanical ventilation is not used to remove the dust during the brushing. In Melbourne one factory brushes under exhaust ventilation and, although the process is not regarded as presenting a dust hazard, the use of mechanical exhaust ventilation would tend to make working conditions more comfortable.

Compressed Air Workers and Divers.

The Division acts as examining body for compressed air workers and divers employed by other Government departments, such as the Maritime Services Board and the Main Roads

Board. As required by the Scaffolding and Lifts Act, 1912-1948, these workers are examined at half-yearly intervals and x-rayed yearly.

Radio-active Substances and X-rays.

During the year the manufacture of radio-active vitreous enamel signs was undertaken for the first time in this State. Prior to the commencement of operations, precautions were taken to see that all requirements of the regulations for safe working with luminous radio-active substances were provided. Tests on the finished products indicated only a small amount of radio-activity and it was not considered that the storage of a large number of signs would create a problem, provided reasonable care was taken. Blood counts of persons who had been engaged in manufacturing the signs did not show any significant changes.

Towards the end of the year the attention of the Division was drawn to the sale by wholesale jewellers of small kits containing radio-active paints. As the kits were being distributed to retail jewellers, who would be unlikely to comply with the provisions of the Factories and Shops Act with regard to radioactive compounds, an investigation of the matter was commenced.

In inquiries such as the above, the Division has received the co-operation of the Commonwealth X-ray and Radium Laboratory and the State Bureau of Physical Services.

Periodic blood examinations are made on a number of persons exposed to industrial x-rays or to radio-active substances in radium dial painting.

ATMOSPHERIC POLLUTION.

The major activity in this field, namely, the survey of dust deposition in the Newcastle area, was continued from last year. In co-operation with the Newcastle City Council, an endeavour is being made to draw conclusions from the dust and soot fuel gauges, which have been installed and are being maintained by the Council.

This work will eventually form the subject of a complete report. At the present stage, insufficient data has been collected to enable final conclusions to be drawn. It is also hoped that in the near future the work will be expanded and the information obtained by the deposit gauges will be supplemented by more refined techniques.

During the year a member of the Division attended a meeting of the Wollongong Smoke Abatement Committee and an approach was subsequently made to the Department by the Committee for a survey of the atmospheric pollution of the area to be carried out. Owing to inadequacy of staff and apparatus, however, it was considered that a full investigation at the present time by this Department was impracticable. Technical advice and assistance of a similar nature to that which is now being afforded the Newcastle Council was offered to the Wollongong Council, but to date no action has been taken along these lines.

Two minor complaints of atmospheric pollution also received attention during the year, in Drummoyne and Leichhardt municipalities.

The former complaint, that the white paint on fences was being darkened, was purely a repetition of a similar one the previous year. In this case the cause was considered to be the same as before, namely, the production of hydrogen sulphide by the action of anaerobic bacteria on vegetation in Hen and Chicken Bay. No solution could be immediately offered, but it was considered that the Drummoyne Council's filling project in the bay would have a beneficial effect, when completed, in about eighteen months' time.

The second complaint arose from a local nuisance caused by factory smoke in a residential area. Although tests and personal observations were not able to confirm the existence of a serious complaint, certain measures were asked of the factory in question, which were expected to have a beneficial effect on the surrounding atmosphere.

G.—SCHOOL MEDICAL SERVICE.

ANNUAL REPORT, 1952.

Establishment.

Dr. A. E. Machin, Director.
Dr. E. S. A. Meyers, Deputy Director.

Thirty-two permanent and one part-time medical officers; four psychiatrists; twenty-two nurses; ten speech therapists; four psychologists; five full-time and one part-time social workers; one part-time ear, nose and throat surgeon; two trainees in speech therapy; fourteen clerical officers; one switchboard attendant.

During 1952 resignations were received from seven medical officers, one nurse, two part-time speech therapists and two social workers.

The following appointments were made: eight medical officers, two nurses, five speech therapists and two social workers.

A psychologist was seconded for duty at Singapore under the Colombo Plan in July, and an acting psychologist was appointed in her place.

Except in the case of speech therapists, where only five were appointed, the staff was at full strength throughout the year, allowing for necessary periods of recruitment.

The School Medical Service became a Division of the Department of Public Health in 1946, having previously been administered by the Department of Education since 1913, when it was founded.

During 1952 the activities of the Service were again expanded. A greater load was placed on the Service, due to an increase in the school population and a large expansion in the teaching service and the number of students admitted to training colleges.

Medical Inspection of School Children.

A scheme of medical inspection of pupils in all schools administered by the Education Department, and the majority of other schools in the State, is provided by the School Medical Service. It is prepared to provide an equal service for all schools, when requested.

It may be said that the primary object of the School Medical Service is the medical examination of children to discover any departure from normal in the health of children, either physical or mental, and to notify the parent or guardian accordingly, in order that the child may be further investigated to determine the need for treatment. In many cases it is not possible to make a diagnosis of the condition found at the time of the examination. This is due partly to the fact that only a limited time can be devoted to each individual examination, and also to the lack of facilities within the Service for further investigations. Treatment is accepted as the responsibility of the practising medical profession. However, there are exceptions to this general statement, in that the Service does provide certain facilities for investigation. A Hearing Clinic is one: if a child at a routine medical examination is found to have defective hearing, the parents, if living in the metropolitan area, are invited to attend the clinic with the child, in order that the cause of the loss of hearing may be ascertained. This is a service that is much appreciated by parents, and it is possible that other clinics for the investigation of other special defects, e.g., the determination of the significance of abnormal heart sounds, may be warranted. For some years the Service has advocated the establishment of an Orthopaedic Clinic to investigate children with poor posture, but so far it has not been possible to establish it.

Medical officers annually visit schools in the metropolitan, Newcastle and Wollongong areas and in five country towns (Armidale, Tamworth, Bathurst, Orange and Wagga), and examine children in 1st and 5th classes of primary schools, and in 1st and 5th years, or equivalents, of secondary schools. Children in other classes are reviewed, as necessary. Prior to the visit of the medical officer, a school sister visits the school to prepare the medical examination cards and to carry out some preliminary tests, e.g., vision and hearing. In country areas, schools are visited every three years by medical officers and all children attending are examined. The country programme has not been fully maintained on account of a shortage of medical officers.

When an abnormal condition has been found by the examining medical officer, and which is not under effective treatment, the parent is informed in writing by the medical officer. In the metropolitan, Newcastle and Wollongong areas school sisters follow up these cases, with the object of inducing parents to seek medical advice. Unfortunately, quite a pro-

portion of parents do not heed the advice given to seek medical investigation or treatment.

In addition to the carrying out of medical examinations, each school is inspected from the sanitary point of view by the visiting medical officer, and subsequently a report is forwarded to the Department of Education. Unfortunately, there are frequently lengthy delays in implementing the recommendations of this Service.

When the medical officer has completed his work in the school, the medical examination cards are returned to Head Office, where "Defect Lists" are prepared for the information of the school and the school sister. The cards are then forwarded to the Government Statistician.

During 1952, two oculists visited the western areas of the State, and in addition to the medical examination of the children, refracted the eyes of those who showed loss of visual acuity.

Medical examinations are mostly carried out under difficult and unsatisfactory conditions. With the exception of a few schools, no special accommodation is provided for visiting medical officers or dental officers. Too often these officers have to use a small, ill-lighted room, or even a corridor, and they have been known at times to use an open verandah. The Education Department on several occasions has indicated that it would take steps to provide more suitable accommodation for these officers, but although medical and dental rooms are provided for in the specifications for new buildings, practically nothing has materialised to date.

Seven Departmental nursery schools are visited each month by medical officers of this Service, who examine entrants and review the health of those in attendance, with special attention paid to the presence of early infectious disease.

During 1952, medical officers carried out 137,648 full examinations and 30,730 children were reviewed. The numbers are a considerable increase on those of previous years.

Table 1 shows the number of pupils who were fully examined or whose cases were reviewed, in the metropolitan area, country, and New South Wales.

Table 2 shows the number of pupils who were fully examined or whose cases were reviewed related to school population in the metropolitan area, country, and New South Wales.

Of 137,648 children fully examined during the year, 32.7 per cent. were found to have defects of notifiable standard, of which 21.1 per cent. were notified in writing to parents. This is a reduction as compared with figures for previous years, due to a decision to send notices regarding teeth only when the state of the mouth was particularly unhealthy, and not when minor dental defects were observed.

Table 3 shows the more common defects of notifiable standard expressed in percentages of pupils fully examined during the year.

Of the less common defects found, 0.4 per cent. of pupils fully examined suffered from squint, 0.2 per cent. blepharitis, 0.2 per cent. other eye conditions, including trachoma (2 cases), 0.1 per cent. speech defects and 0.9 per cent. other general conditions.

The percentage of children found to have speech defects is low, but unless the teacher directs the attention of the medical officer to the defect many cases may be missed at the time of examination.

Nocturnal enuresis was common: 2 per cent. of the children examined gave a history of this condition.

The following table shows the percentage of children found to be suffering from scabies, pediculosis capitis and impetigo:—

	Scabies.		Pediculosis capitis.		Impetigo.	
	B.	G.	B.	G.	B.	G.
Metropolitan area	0.08	0.05	0.10	1.5	0.30	0.11
Newcastle area	0.03	0.13	0.0	0.5	0.30	0.13
Remainder of State	0.22	0.30	0.20	0.81	0.42	0.21

In certain schools in the metropolitan area the incidence of children affected with pediculosis is particularly high. Although the Department of Education requires the exclusion from school of these children, this does not appear to be the

complete answer, in as much as the home is so often unsatisfactory that the child has little chance of becoming and remaining free from infestation. In short, the problem is often a social one.

Child Guidance Clinics.

There are four Child Guidance Clinics administered by this Service. One clinic is located at the Yasmar Boys' Shelter for investigation of boys referred from Children's Courts. Girl delinquents are referred to the other three clinics. These latter clinics also accept cases referred from various sources in the community.

The clinics have continued to function along the generally accepted lines of child guidance clinic principles, as in former years. Each case is investigated by the psychiatrist, the psychologist and the social worker working as a team. The clinic officers undertake the investigation of children and give appropriate advice and treatment where necessary. Children are referred for various reasons, e.g., maladjustment, delinquency, abnormal or asocial behaviour. Some of the cases referred to the clinic are not really suitable for clinic investigation, but due to lack of more adequate methods of screening this appears to be unavoidable at present.

In all clinics there is a waiting list, and because of this it is difficult to arrange appointments in terms of their urgency. It is apparent that consideration must be given to the establishment of additional clinics in the metropolitan area, and clinics also in the larger country centres. The situation could also be improved by the appointment of additional social workers to each clinic. Steps have already been taken in this regard.

All children are submitted to intelligence tests suited to their age and maturity. Observations as to the child's personality and general demeanour are made by the psychologist in the course of these tests. The Social Worker obtains a detailed history from the parent with regard to the general family situation, and obtains material relevant to the environmental background, including information regarding the child's physical and emotional development. The psychiatrist, armed with information from the psychologist and the social worker, is then in a position to interrogate the child and interpret his problems to the parents in terms of suggested treatment and attitudes. Individual responsibility is encouraged in older children. "Follow-up" work is necessarily restricted by the limitation of the number of social workers, but it must be accepted as an important function of a psychiatric clinic. However, in many cases the social worker does make visits to the home and the school.

Parents and children are encouraged to revisit the clinic for further discussion and report as to progress. In some cases, where the child is more particularly involved emotionally and a neurotic pattern is well established, parent and child report weekly for continuing therapy. In selected cases play therapy is used as a medium for diagnosis and treatment.

A pleasing feature is the continuing number of personal applications made privately by concerned parents, who are likely to be more co-operative in their attitude. The use of the clinic by medical practitioners is a further indication of their acknowledgment of the value of child guidance clinics. The wide range, as shown in the age group, provides a good cross sampling of a variety of problems and enriches clinical experience.

Boys are referred to the Yasmar clinic from the metropolitan and country Children's Courts. They are on remand, and the majority are detained in either the Yasmar or Albion-street Shelter. If they are not detained at a shelter they attend the clinic from their homes during the remand period. A small number not on remand are referred by the Child Welfare Department for diagnostic interviews and reports.

Children committed by the courts are held in the shelters before proceeding to institutions. Those held in Yasmar shelter all attend this clinic for physical examination, intelligence tests and psychiatric review. A report is forwarded to the institution to which the child has been committed. Some children investigated later attend the clinic for treatment from institutions, for progress reports, and from homes for further psychiatric interviews. The Social Worker sees the relatives in some instances.

A medical officer assists the psychiatrist at the clinic on three days a week, and undertakes the physical examination of children and attends the children in the shelter for any illnesses or accidents that may occur.

The Metropolitan Boys' Shelter was visited daily. During 1952, 780 boys were medically examined. Intelligence tests were also conducted on 155 boys, who had been committed to institutions by either country, suburban, or metropolitan children's courts. Reports on these children were forwarded to the Child Welfare Department. Daily sick parades were held

and boys either treated at the Shelter or referred to hospitals for treatment.

The following shows the intelligence quotients of those examined at the Child Guidance Clinics. It will be noted that they are lower than the average in the community.

Intelligence Quotient.	Total.	Per cent.	Per cent. Normal Group.*
Under 70	210	12.4	2.6
70- 79	200	11.8	5.6
80- 89	309	18.3	14.5
90- 99	368	21.8	23.0
100-109	310	18.3	23.5
110-119	154	9.1	18.1
120-129	87	5.2	8.2
130-139	38	2.3	3.1
140-149	10	.6	1.1
150 and over	4	0.2	0.2
	1,690	100	99.9

* Binet Standardisation Norms.

The referrals to the Clinics came from a number of sources:—

	Total.	Per cent.
Personal application	334	17.7
Children's Court	818	43.5
Child Welfare Department	214	11.4
Department of Education	295	15.7
Hospitals, social agencies	86	4.6
Medical Practitioners	57	3.1
School Medical Service	25	1.3
Speech Therapists	52	2.7
	1,881	100

Speech Therapy Clinics.

At the beginning of 1952, five full-time speech therapists, recent graduates from the Speech Therapy Training Course at the Royal Alexandra Hospital for Children, were appointed to the service. During the year, two part-time speech therapists resigned.

With the co-operation of the Department of Education, clinics were opened at the following schools:—Glenmore-road (Paddington), Clovelly, Waterloo, Darlington and Camperdown. Contrary to previous practice, the children receive treatment at the clinic, the Speech Therapist not visiting individual schools to provide treatment. Each clinic serves a group of schools. It is considered that one Speech Therapist is required for about every 10,000 school children, and therefore, this branch of the School Medical Service will require to be considerably expanded in the future. The number of available Speech Therapists is limited as a new course in speech training at the Royal Alexandra Hospital for Children is commenced only each second year. Two trainees are at present doing the course, and it is hoped to extend this number to four for the course commencing in 1953. This Service employs only Speech Therapists holding a recognised Diploma in Speech Therapy.

Defective speech is a serious handicap to a child, and apart from influencing his choice of or fitness for a career, it may lead, in some instances also, to retardation in scholastic progress and may affect the personality and character development of the child. The building up of a full service to provide treatment for these defects should be regarded as a most important objective.

The method of selection of children for treatment is as follows:—A school is asked to provide a list of children suffering from defective speech. The Therapist then visits the school and sees each child, selecting appropriate cases, to whose parents an invitation is extended to visit the clinic for interview. Treatment is offered, and if accepted the parents are responsible for bringing the children to the clinic at the appointed time. The Speech Therapists report that they have received during the year very excellent co-operation from teachers, and that the treatment given was appreciated by most parents. Nevertheless, it is a cause for regret that a number of children failed to continue treatment. The Speech Therapists make it a practice to visit schools as often as possible, to maintain

contact with the teachers, discussing the children under treatment and exchanging information, to the mutual advantage of both.

In many cases of children with speech defects, particularly stammerers, close association is maintained with Child Guidance Clinics, as often as emotional family problem is the underlying cause. For this, as well as other reasons, an expansion of child guidance services is also necessary.

Attendances and Results of Treatment, 1952.

Interviews arranged	818
Interviews attended	675
Refused treatment	25
Already receiving treatment or referred elsewhere	10
Treatment deferred	45
Not suitable for treatment	63
Awaiting treatment	4
Found suitable for treatment	528
Transferred from other clinics	52
Failed to continue treatment	113
Treatment deferred	10
Referred other clinics	6
Discharged under supervision	46
Discharged relieved	44
Discharged cured	49
Under treatment 31st December, 1952	312

A number of children were referred for investigation and treatment:—

Child Guidance Clinics	75
Medical examination, including ear, nose and throat, and eye	54
Dental, orthodontic	32
Intelligence quotient	5

Of 640 children seen and whose speech defects were classified, the majority—380—suffered from dyslalia, and were further classified into—

General dyslalia	240
Sigmatism	48
Dyslalia due to:	
Mental deficiency	51
Hearing loss	12
Cleft palate	15
Malocclusion	4
Backward reading	10

The next biggest group were the stammerers, numbering 220, of whom forty-two suffered from stammering and dyslalia. Twenty-nine children were classified as suffering from dysphonia, of whom five suffered from hyper-rhinophonia. In addition, eleven children suffered from a variety of other speech conditions.

Hearing Clinic.

The hearing clinic in this Service has now been in operation for three years. Very valuable work has been carried out, and many children have benefited as a result of the attention received at the clinic. These benefits include the relief of deafness and nose and throat conditions which may aggravate or lead to deafness, and prevention of aggravation in the more marked cases. Adjustment from the educational point of view is also arranged in collaboration with the Education Department, and recommendations with regard to the supply or adjustments of hearing aids.

Parents have shown their appreciation of the service given. They attend readily and willingly come back for review of the case. The response in seeking remedial surgical treatment as advised, has been good, and where it is possible to check results, satisfactory cure or improvement in the condition has been noted. In children whose hearing defect is not amenable to surgical or other treatment academic improvement, after suitable class placing, has been reported by teachers.

During 1952, 770 children were medically examined at the clinic. Of these, 724 were medically examined at Head Office, where 122 clinics were held. The remainder were medically examined at Farrar School for Deaf Children, St. Lucy's School for the Blind, and Wahroonga School for the Blind.

An ear, nose and throat surgeon, working part-time, is in charge of this clinic. Attendance at the clinic is by invitation.

When a child is found to have impairment of hearing during the routine medical inspection of a school, the case is referred to Head Office and an invitation is forwarded to the parent to attend the clinic with the child. After investigation appropriate advice as to treatment or action is given to the parent. No treatment is, however, undertaken at the clinic.

Of the 770 children investigated at the clinic, no lesion was detected in 145. Some of the more significant types and causes of defects discovered in this group of children are indicated hereunder:—

Temporary impairment of hearing due to cerumen	49
Conduction deafness	92
Deafness due to maternal rubella in pregnancy	28
Perception and nerve deafness	40
Catarrhal deafness	4
Complete deafness	5
Severe deafness	15
Otosclerosis	6
Enlarged tonsils and adenoids	60
Chronic and recurrent tonsillitis	30
Inflammatory condition middle ear	114
Otitis externa	5
Eustachian catarrh	41
Eustachian obstruction	33
Chronic adhesive process	12
Post-nasal obstruction	28
Nasal obstruction	9
Rhinitis	13
Sinusitis and antritis	40

Infectious Diseases, Other Illness and Accidents.

During 1952, 16,919 cases of accidents and 110,430 cases of illness (other than infectious disease) were reported among pupils attending Departmental schools, necessitating respectively an average absence from school of 1.7 and 1.4 weeks.

Table 5 shows the number of pupils in Departmental schools who suffered from the common infectious diseases for each year during the period 1943-1952.

A total of 326,414 cases of infectious disease were reported for 1952, requiring an average absence from school of 1.6 weeks. Of this number, 2,530 were cases of impetigo (average absence 2.0 weeks), ringworm, 2,958 (2.3 weeks), scabies, 610 (3.1 weeks) and pediculosis capitis, 1,041 (1.6 weeks).

The number of children who were absent from school as contacts of cases of infectious disease totalled 4,603; they were away for an average period of 2.4 weeks.

No serious epidemic of an infectious disease occurred in any Departmental school during the year under review.

Medical Examination of Teachers and Teachers' College Entrants, etc.

The School Medical Service is responsible for the general administrative medical work of the teaching service of the Department of Education. All applicants for entrance to Teachers' Colleges and all teacher applicants for employment are examined by this Service. In addition to the thorough routine medical examination, all such applicants are submitted to a chest X-ray examination.

Teachers in the service are referred for examination for various reasons, such as questions of sick leave or retirement, determination of fitness for appointment to the permanent staff, etc. Psychiatric examination is also carried out, where indicated. Chest X-ray examination is carried out of all sick leave cases.

The number of examinations under these various headings is indicated hereunder:

	M.	F.
Teachers' College entrants	1,090	1,353
Applicants for employment	112	397
Sick leave, transfer to permanent staff, retirement, etc.	286	384
	1,488	2,134
Psychiatric examinations	38	62
	1,526	2,196

Special Examinations of School Children at Head Office.

Children are examined at the request of teachers or parents because of special health problems, and at the request of the Department of Education, e.g., suitability for admission to Glenfield Special School, or special classes, etc. The number of such examinations carried out during the year was thirty-five boys, forty-six girls.

Teachers' Colleges.

Seven Medical Officers—two full-time and the remainder part-time—are attached to the seven Teachers' Colleges now established in this State. They give lectures in Hygiene at the Colleges and are responsible for the health supervision of the students.

National Fitness Camps.

Two Nurses from the School Medical Service are attached for duty at the Point Wolstoncroft and Broken Bay National Fitness Camps. A Medical Officer also visits these Camps periodically and furnishes a report on their general hygienic conditions.

Refresher Training Course.

At the beginning of the year, a refresher training course was arranged by the School of Public Health and Tropical Medicine. The Medical Officers and Nurses of this Service attended the course, which extended over a period of two weeks.

Co-operation with Child Welfare Department and Outside Bodies.

During the year the examination of special groups of children was carried out for the Child Welfare Department (Little Brothers and Fairbridge Scheme), Far West Children's Health Scheme, and Aborigines' Welfare Board.

Handicapped Children.

Special attention is given by this Service to the investigation and examination of physically and mentally handicapped children. Many cases are referred by the Department of Education and others are examined at the request of parents. Although a certain amount of provision has been made for the special education of these groups of children in New South Wales, it is apparent from our experience, that much more needs to be done. There are numbers of children in this group who are missing the opportunity of being trained and educated up to their capacity, and many cases are a burden to their families because of lack of residential schools to which they should be sent.

I desire to express appreciation of the co-operation of the various Departments with whom we have been associated in our work, particularly the Department of Education.

The efficient and smooth running of this Service depends essentially on co-operative team work of the whole staff. As the scheme of medical inspection extends over the whole State a considerable amount of organisation and planning is required, and much of the responsibility for keeping the machinery of medical inspection work in operation falls on the clerical staff. I wish to pay tribute to the willing and efficient co-operation of the officer in charge of the clerical section and his staff throughout the year. The Medical Officers, officers of the Child Guidance Clinics, Speech Therapists and School Sisters, both in metropolitan and country areas, have given excellent service, and it is gratifying to note that generally they are keenly interested in their work and have a sense of responsibility in seeing that it is carried out efficiently.

I wish to thank the staff for their co-operation during the year.

TABLE 1.—Number of Pupils who were Fully Examined or whose cases were reviewed in the Metropolitan Area, Country and New South Wales, during 1952.

Class.	Metropolitan.			Country.			New South Wales.			Per cent.
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	
Primary—										
Class 1	14,379	12,874	27,253	7,716	7,198	14,914	22,095	20,072	42,167	30.6
Class 5	10,373	10,251	20,624	4,432	4,347	8,779	14,805	14,598	29,403	21.3
Others	4,898	4,633	9,531	11,040	10,804	21,844	15,938	15,437	31,375	22.8
Total Full Examinations	29,650	27,758	57,408	23,188	22,349	45,537	52,838	50,107	102,945	74.7
Reviews	10,099	11,093	21,192	2,194	2,429	4,623	12,293	13,522	25,815	...
Primary Grand Total	39,749	38,851	78,600	25,382	24,778	50,160	65,131	63,629	128,760	...
Secondary—										
Year 1	8,853	7,760	16,613	4,547	4,525	9,072	13,400	12,285	25,685	18.7
Year 5	1,097	580	1,677	452	331	783	1,549	911	2,460	1.9
Others	1,032	533	1,565	2,354	2,639	4,993	3,386	3,172	6,558	4.7
Total Full Examinations	10,982	8,873	19,855	7,353	7,495	14,848	18,335	16,368	34,703	25.3
Reviews	1,677	2,177	3,854	261	800	1,061	1,938	2,977	4,915	...
Secondary Grand Total.....	12,659	11,050	23,709	7,614	8,295	15,909	20,273	19,345	39,618	...
Grand Total Full Examinations	40,632	36,631	77,263	30,541	29,844	60,385	71,173	66,475	137,648	100.0
Reviews	11,776	13,270	25,046	2,455	3,229	5,684	14,231	16,499	30,730	...
Grand Total	52,408	49,901	102,309	32,996	33,073	66,069	85,404	82,974	168,378	...

TABLE 2.—Number of Pupils who were Fully Examined or whose cases were received and school populations in Metropolitan Area, Country and New South Wales, for 1952.

	Metropolitan.		Country.		New South Wales.	
		Per cent.		Per cent.		Per cent.
Primary Schools—						
Population	230,795	...	207,383	...	438,178	...
Number of Full Examinations	57,408	(24.87)	45,537	(21.96)	102,945	(23.49)
Number of Reviews.....	21,192	(9.18)	4,623	(2.23)	25,815	(5.89)
Secondary Schools—						
Population	69,200	...	64,103	...	133,303	...
Number of Full Examinations	19,855	(28.69)	14,848	(23.16)	34,703	(26.03)
Number of Reviews.....	3,854	(5.57)	1,061	(1.66)	4,915	(3.69)
Total—						
Population	299,995	...	271,486	...	571,481	...
Number of Full Examinations	77,263	(25.75)	60,385	(22.24)	137,648	(24.09)
Number of Reviews.....	25,046	(8.35)	5,684	(2.09)	30,730	(5.38)

TABLE 3.—More Common Defects of Notifiable Standard Expressed as Percentages of Pupils Fully Examined during 1952.

				Wearing Glasses.		Op. for Tonsils and Adenoids.		Defective Vision.		Impairment of Hearing.		Nose and Throat.		Teeth.		Skin.	
				B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Primary—																	
Boys	52,838	.....	}	2·4	3·4	28·8	28·1	4·8	5·9	1·3	1·5	4·7	5·2	10·5	10·9	0·3	0·2
Girls	50,107	.....														
Secondary—																	
Boys	18,335	.....	}	5·0	7·2	40·7	39·1	5·3	7·9	1·3	1·5	1·7	2·1	16·0	17·2	0·2	0·9
Girls	16,368	.....														
Total—																	
Boys	71,173	.....	}	3·1	4·3	31·9	30·8	5·0	6·4	1·3	1·5	3·9	4·3	11·9	12·4	0·3	0·5
Girls	66,475	.....														
				Hernia.		Thyroid.		Lungs.		Asthma.		Heart.		Posture.		Nutrition.	
				B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Primary—																	
Boys	52,838	.....	}	0·6	0·2	0·3	0·8	0·3	0·3	1·1	0·6	0·5	0·5	1·1	0·6	0·5	0·6
Girls	50,107	.....														
Secondary—																	
Boys	18,335	.....	}	0·4	0·02	0·4	2·6	0·2	0·3	1·2	0·6	0·5	0·8	0·8	1·3	0·3	0·5
Girls	16,368	.....														
Total—																	
Boys	71,173	.....	}	0·5	0·1	0·3	1·2	0·3	0·3	1·1	0·6	0·5	0·6	1·0	0·7	0·4	0·5
Girls	66,475	.....														

TABLE 4.—The number of pupils fully examined and percentage of defects of notifiable standard, by classes, for the Metropolitan Area, Country and New South Wales.

Class.		Metropolitan.		Country.		New South Wales.	
		No. of Full Examina-tions.	Percentage of Defects.	No. of Full Examina-tions.	Percentage of Defects.	No. of Full Examina-tions.	Percentage of Defects.
Primary—							
1st Class	.....	27,253	27·2	14,914	28·6	42,167	27·7
2nd Class	.....	2,782	33·6	5,900	35·2	8,682	34·7
3rd Class	.....	4,336	33·4	5,670	37·1	10,006	35·5
4th Class	.....	1,120	42·5	5,436	35·6	6,556	36·8
5th Class	.....	20,624	31·1	8,779	38·4	29,403	33·3
6th Class	.....	1,241	41·7	4,838	39·2	6,079	39·7
Blind	.....	52	26·9*	...	...	52*	26·9
Total Primary		57,408	30·0	45,537	34·5	102,945	31·9
Super Primary—							
1st Year	.....	16,613	29·8	9,072	48·5	25,685	36·4
2nd Year	.....	909	36·8	2,954	37·6	3,863	37·4
3rd Year	.....	485	20·8	1,638	31·7	2,123	29·2
4th Year	.....	158	24·1	401	32·1	559	29·9
5th Year	.....	1,677	18·2	783	28·6	2,460	21·5
Blind	.....	13	46·2*	...	...	13*	46·2
Total Super Primary		19,855	28·9	14,848	43·0	34,703	35·0
Grand Total		77,263	29·7	60,385	36·5	137,648	32·7

* Excluding visual defects.

TABLE 5.—Number of Cases of Common Infectious Diseases in Departmental Schools, 1943–1952.

	Measles.	German Measles.	Whoop-ing Cough.	Scarlet Fever.	Diph-theria.	Sore Throat.	Chicken Pox.	Mumps.	In-fluenza.	Acute Conjunc-tivitis.	Acute Rheuma-tism and Chorea.	Polio-myelitis.	Menin-gococcal Menin-gitis.
1943	4,190	743	7,967	1,193	641	14,533	16,951	3,137	76,800	1,727	775	15	76
1944	1,332	376	1,643	2,034	405	15,516	12,416	6,951	42,102	1,651	1,014	10	44
1945	4,405	387	5,862	2,301	427	13,670	6,599	7,976	40,811	2,114	863	219	33
1946	42,605	724	4,025	904	333	14,372	7,169	4,563	50,659	2,355	965	215	30
1947	5,942	1,146	3,813	548	211	16,288	13,184	12,028	45,617	1,301	850	34	35
1948	30,685	1,193	3,404	519	223	15,433	12,378	15,066	111,793	1,037	882	37	43
1949	7,103	2,523	6,806	847	339	20,368	13,567	6,903	56,539	1,131	1,078	63	69
1950	21,728	2,117	803	436	203	20,335	11,919	15,193	112,495	821	999	228	39
1951	9,835	3,641	2,812	444	527	19,521	18,968	23,547	95,328	4,132	952	636	106
1952	29,578	7,143	2,772	529	154	21,016	10,974	9,319	87,390	1,318	804	449	59
Average ab-sence in weeks, 1952	2·8	1·9	4·6	4·4	3·7	1·3	2·4	2·3	1·2	1·4	4·9	4·9	4·4

H: DIVISION OF DENTAL SERVICES.

ANNUAL REPORT, 1952.

Establishment.

Dr. Leslie Pudney, Director.
 Director of Dental Services—one.
 Dental Officers—twenty-three.
 Senior Dental Assistant—one.
 Dental Assistants—eleven.
 Clerical Assistant—one.

In addition there are six part-time dental officers employed in the Institutions.

There are two vacancies for dental officers, and two vacancies for dental assistants.

The Division of Dental Services includes the School Dental Service, and services to Mental Hospitals, State Hospitals and Homes, and State Penitentiaries.

An advisory service to the Child Welfare Department.

School Dental Service.

During the year there were a number of resignations and retirements, but by the appointment of new officers it was possible to maintain a full staff for most of the year.

The ratio of the number of School Dental Clinics in the country to metropolitan was not maintained owing to the problem of securing suitable living accommodation for the staff of the clinics.

The clinics working in both city and country districts examined 26,921 children. Of these, 8.45 per cent. were found to have naturally sound mouths, while an additional 18.2 per cent. were found to have sound mouths as a result of treatment. 73.35 per cent. were in need of treatment.

The clinics treated 12,920 children. Twenty-six thousand eight hundred and ninety-four teeth were extracted. Nineteen thousand one hundred and twenty-eight permanent fillings, and 27,406 other treatments were provided.

In addition to the normal school dental service, treatment was provided at the Glenfield Special School.

The dental staff provided relief for officers working in Institutions during the Christmas School Vacation.

It might be pointed out that owing to the increase in school population, the present number of clinics available is not sufficient to carry out the original intention of the service, which was to provide a dental service for all schools in the State, and additional clinics are urgently required to maintain even the original programme.

The number of children who received attention, and the amount of treatment carried out was adversely affected by the

difficulty in securing accommodation for the Dental Clinics in schools, especially in the metropolitan area.

The children of many schools missed dental treatment because accommodation was not made available.

Further consideration was given to the provision of a more adequate dental service by the appointment and training of Dental Hygienists on lines similar to that in operation in New Zealand.

Reports were made on the use of sodium fluorides for the prevention of dental caries both on the topical application, and the fluoridation of public water supplies.

Dental Services to Mental Hospitals, State Hospitals and Homes.

Permanent officers now carry out dental treatment at Kenmore Mental Hospital, and at all institutions in the metropolitan area with the exception of Broughton Hall.

Part-time dentists are still employed at Orange, Morisset, Stockton, Newcastle and Broughton Hall, but steps were taken to replace these with permanent officers.

The appointment of permanent Dental Officers has provided a more adequate and improved dental service.

An additional permanent Dental Officer is to be appointed.

Further progress has been made for improved accommodation and modern equipment.

Negotiations were entered into with the Repatriation Department for accommodation and the installation of modern equipment at the Repatriation Section of the Callan Park Mental Hospital.

Dental Services in State Penitentiaries and Training Centres.

The appointment of the Permanent Dental Officer has provided a more satisfactory dental service. This officer's headquarters are at Long Bay, and visits are made as required to other penitentiaries and training centres.

Accommodation was improved and modern equipment installed during the year at Bathurst and Parramatta to bring into line these institutions with Long Bay and Goulburn.

Extension of these modern dental facilities to the other institutions under the control of the Department of Prisons has been approved.

Child Welfare Department.

Inspections of children have been made, and reports and recommendations supplied.

During the year one or more visits were made by the Director to all School Dental Clinics, and all clinics in institutions.

SECTION II.

MEDICAL OFFICERS OF HEALTH.

REPORT OF METROPOLITAN MEDICAL OFFICER OF HEALTH FOR THE YEAR 1952.

To the Director-General.

I present my report on the state of the public health in the Metropolitan Health District for the year 1952.

Statistics.

Estimated mean population, 1,797,660.

Area, 458,286 acres; density per acre, 3.92.

There were 17,871 marriages during the year.

Live Births numbered 33,707; rate per 1,000 live births, 18.88.

Still Births numbered 492; rate per 1,000 live births, 0.27.

Deaths, 18,122; rate per 1,000 live births, 10.15.

Infantile Mortality.

Total deaths under one week, 429; rate per 1,000 live births, 12.73.

Total deaths under one month, 492; rate per 1,000 live births, 14.60.

Total deaths under one year, 702; rate per 1,000 live births, 20.83.

Maternal Mortality.

Total Maternal Deaths, 25; rate per 1,000 live births, 0.74.

The chief causes of death were heart disease, totalling 6,706, i.e., 3,756 per million of the mean population.

Vascular diseases and cancer were next with 2,635 and 2,551 respectively, i.e., 1,476 and 1,429 per million of the mean population.

Violent deaths equalled 1,089, or 610 per million of mean population, of these 836 were accidents, or 468 per million of mean population.

There were 310 deaths from tuberculosis, i.e., rate of 174 per million of mean population.

There were 6 deaths from diphtheria and 14 from acute anterior poliomyelitis.

List of cases and deaths of infectious diseases.

	Cases.	Deaths.
Typhoid and paratyphoid fever	6	0
Scarlet fever	444	0
Diphtheria	91	6
Poliomyelitis	185	14
Meningococcal infection	106	29
Puerperal infection	6	2
Typhus fever	2	0

The above list shows a big rise in regard to meningococcal infections as compared with the previous year, 29 compared to 9. This is due to the fact that previously only the deaths from cerebrospinal meningitis were reported, but now all Meningococcal infectious are reported. Comparable figures for 1950 and 1951 would be 22 and 26 respectively.

The above figures show that the health of people in the Metropolitan Health District has been maintained at a high level during the years, and there is cause for satisfaction in the reduction in the death rate from tuberculosis from 232 per million in the previous year, to 174 per million this year, the actual figures being 408 deaths in 1951 and 310 in 1952.

There has also been a marked drop in the number of cases of Poliomyelitis from 637 with 40 deaths in 1951 to 185 with 14 deaths in 1952.

Several investigations in relation to outbreaks of infectious diseases such as Scarlet Fever, Chicken Pox, and of cases of Typhoid Fever have been carried out during the year.

In regard to environmental sanitation, the work of local councils in this respect has been supervised, and complaints of nuisances arising from sanitary depots, garbage depots, drainage defects and substandard houses, have been attended to.

HUNTER RIVER COMBINED SANITARY DISTRICTS.

Report of the Medical Officer of Health for the Hunter River Health District for the year ended 31st December, 1952.

Staff.

Medical Officer of Health, Dr. J. R. Shannon.

One Senior Health Inspector.

One Senior Inspector, Pure Food Act.

One Supervisory Nurse.

One Tuberculosis Nurse.

One Office Assistant.

Miss E. C. Brimstone was appointed as tuberculosis nurse and commenced duty on 25th February, 1952. The new position entailed part-time work in the Newcastle district and part-time in conjunction with the Joint Coal Board Medical Bureau, Cessnock.

Miss Joan Williamson, second office assistant, was transferred to the staff of the Mental Hospital, Morisset, on 17th December, 1952.

The District.

Comprises five municipalities and four shires together with the Harbour of Port Hunter.

The chief feature of the year from a public health point of view was the great expansion of industry with its ancillary problems of housing and, consequently, over-taxation of the essential services such as water, sewerage, electricity supply and transport.

There was no pronounced increase in any of the notifiable infectious diseases during the year.

Rubella was prevalent in the district early in the year, but to what extent it was not possible to judge, because the disease was not notifiable.

Gastro-enteritis, which also was not notifiable, was abnormally prevalent during the first quarter of the year. Forty cases of gastro-enteritis and fifty-nine cases of dysentery were admitted to Royal Newcastle Hospital during this period and there were two deaths.

The causal organism of the gastro-enteritis was not identified.

Dysentery of Sonne type was prevalent in the southern part of the district during this time.

Vital Statistics, 1952.

Population.—The population of the district at 31st December, 1952, was estimated at 278,750, while the estimated mean population for 1952 was 276,480.

Marriages.—During 1952, 2,528 marriages were celebrated in the district, equal to a rate of 9.14 per 1,000 of mean population.

Live Births.—There were 6,147 live births to mothers resident in the district, equivalent to a rate of 22.23 per 1,000 of mean population. Of these, 3,156 were males and 2,991 females.

Ex-Nuptial Live Births.—These numbered 187, equivalent to a rate of 0.68 per 1,000 of mean population. The ex-nuptial live births represented 3.04 per cent. of the total live births.

Deaths.—Deaths of residents numbered 2,629, equivalent to a rate of 9.51 per 1,000 of mean population. Of these, 1,524 were males, and 1,105 females.

Infantile Mortality.—Deaths under 1 year of age numbered 167, equivalent to a rate of 27.17 per 1,000 live births.

Of the total number of deaths of infants under 1 year of age, 106 or 63.47 per cent. occurred within one week of birth, and 116 or 69.46 per cent. within the first month. The corresponding rates per 1,000 live births for the two age groups were 17.24 and 18.87 respectively.

Still Births.—There were 91 still births to mothers resident in the district, equal to a rate of 0.33 per 1,000 of mean population, and representing 1.46 per cent. of all births (live and still).

Marriages, Live Births, Stillbirths and Deaths—Each Local Government Area, 1952.

Municipality or Shire.	Area	Estimated Population.		Marriages.	Live Births.						Deaths.									Stillbirths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		31st Decem-ber, 1952.	Mean, 1952.		Total.			Ex-nuptial.			All Ages.			Under 1 year.			Under 1 month.			Under 1 week.			Total.			Ex-nuptial.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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NOTE.—Births are classified according to the usual residence of the mother, and deaths according to the usual residence of the deceased.

Causes of Death of Children Under One Year of Age, 1952.

Inter- national Code No.	Cause of Death.	Number of Deaths.		
		Males.	Fe- males.	Persons.
	<i>Infective and Parasitic Diseases—</i>			
010	Tuberculosis of meninges and central nervous system	1	...	1
057	Meningococcal infections	2	...	2
	<i>Allergic, Endocrine System, Metabolic and Nutritional Diseases—</i>			
273	Diseases of thymus gland	1	...	1
	<i>Diseases of the Nervous System and Sense Organs—</i>			
340	Meningitis, except meningococcal and tuberculous	1	2	3
	<i>Diseases of the Circulatory System—</i>			
401	Rheumatic fever with heart involvement .....	...	1	1
	<i>Diseases of the Respiratory System—</i>			
491	Bronchopneumonia	4	2	6
493	Pneumonia, other and unspecified	5	1	6
500	Acute bronchitis .....	...	2	2
	<i>Diseases of the Digestive System—</i>			
561	Hernia of abdominal cavity with obstruction	1	...	1
571	Gastro-enteritis and colitis, except ulcerative, age four weeks and over	2	...	2
	<i>Congenital Malformations—</i>			
750	Monstrosity .....	...	1	1
751	Spina bifida and meningocele	3	2	5
752	Congenital hydrocephalus	1	3	4
753	Other congenital malformations of nervous system and sense organs .....	...	1	1
754	Congenital malformations of circulatory system	7	4	11
756	Congenital malformations of digestive system	4	...	4
758	Congenital malformations of bone and joint	1	...	1
759	Other and unspecified congenital malformations, not elsewhere classified ...	...	1	1
	<i>Certain Diseases of Early Infancy—</i>			
	<i>Intracranial and spinal injury at birth—</i>			
7600	Without mention of immaturity	9	4	13
7605	With immaturity	2	1	3
	<i>Other injury at birth—</i>			
7610	Without mention of immaturity	6	2	8
7615	With immaturity	3	...	3
7620	Post-natal asphyxia and atelectasis without mention of immaturity	7	5	12
	<i>Pneumonia of newborn—</i>			
7630	Without mention of immaturity	3	1	4
7635	With immaturity	2	...	2
	<i>Neonatal disorders arising from maternal toxæmia—</i>			
7690	Attributed to " toxæmia of pregnancy " without mention of immaturity ...	1	1	2
7694	Attributed to other or unspecified maternal toxæmia without mention of immaturity .....	...	1	1
7695	Attributed to " toxæmia of pregnancy " with immaturity .....	...	3	3
	<i>Haemolytic disease of newborn (erythroblastosis)—</i>			
7700	Erythroblastosis, without mention of nervous affection or immaturity ...	5	2	7
7701	Kernicterus, without mention of immaturity	1	...	1
7710	Haemorrhagic disease of newborn, without mention of immaturity .....	...	2	2
7720	Nutritional maladjustment, without mention of immaturity	1	...	1
	<i>Ill-defined diseases peculiar to early infancy—</i>			
7730	Without mention of immaturity	3	1	4
7735	With immaturity .....	...	4	4
7749	Immaturity with mention of any other subsidiary condition	1	...	1
7769	Immaturity unqualified.....	25	13	38
	<i>Symptoms and Ill-defined Conditions—</i>			
795	Ill-defined and unknown causes of mortality	1	...	1
	<i>Accidents, Poisonings and Violence—</i>			
917	Accident caused by hot substance, corrosive liquid and steam .....	...	1	1
924	Accidental mechanical suffocation in bed and cradle .....	...	1	1
936	Other and unspecified accidents	1	...	1
982	Assault by cutting and piercing instruments	1	...	1
	All Causes	105	62	167

Infectious Diseases.

(See Tables II, VII, VIII, IX, pages 12-26.)

Diphtheria.—15 cases (including 1 imported case and 1 case from Migrant Camp) with 1 death, were notified during the year, compared with 59 cases and 4 deaths (including three cases from Migrant Camps) in 1951.

Scarlet Fever.—24 cases (including 1 imported case and 6 cases from Migrant Camps) were notified in 1952 as compared with 53 cases (including 22 cases from Greta Migrant Camp) in 1951 and 53 cases in 1950.

Typhoid Fever.—2 cases notified during 1952 as compared with 2 cases notified in 1951 and 4 cases in 1950.

Infantile Paralysis.—7 cases and 1 death were notified during 1952, compared to 107 cases and 19 deaths (2 cases from Greta Migrant Camp) in 1951, 95 cases with 8 deaths in 1950 and 10 cases with 1 death in 1949.

Cerebro-spinal Meningitis.—3 cases were notified during 1952 (including 1 imported case) as compared with 3 cases in 1951 and 7 cases in 1950.

Puerperal Infection.—No cases were notified during 1952, and 1 case was notified in 1951, and 1 case in 1950.

Typhus Fever.—2 cases were notified for 1952 (1 case was imported), and 2 cases were notified during 1951.

Infantile Diarrhoea.—1 case was notified during 1952.

Paratyphoid.—2 cases were notified during 1952.

Pulmonary Tuberculosis.—(See Tables I, VI, VII, VIII, IX, page 12-26.)

Extra Pulmonary Tuberculosis.—Early in 1952 a questionnaire was sent to medical practitioners in the district regarding the incidence of tuberculosis other than pulmonary.

A summary of 36 replies received is given below:—

Cases of Tuberculosis, other than Pulmonary, seen during the Year ending 31st December, 1952.

Type of Tuberculosis.	Age.		
	Under 4 years.	5-14 years.	14 years and over.
Cervical glands	2	3	1
Lupus erythema nodosum .....	...	1	...
Meningeal .....	...	...	1
Bone and joint	1	1	...
Genito-urinary .....	...	...	7
Total (17)	3	5	9

The population at risk at the beginning of 1952 was 274,190.

The District Veterinary Officer supplied the following information regarding bovines in the district:

The total cattle population numbered approximately:

(a) Dairy Cattle, 90,000.

(b) Beef Cattle, 40,000.

Of 3,792 dairy cattle tested for tuberculosis in the Maitland Pastures Protection Board District 1951, 20 gave a positive reaction, or 0.35 per cent. In the area between the Lower Hunter River and Port Stephens the figure for the positive reactors at initial testing was 7 per cent.

Carcases of cows condemned for tuberculosis at the abattoirs in 1950 were as follows:—

(a) Newcastle, 310 or 1.34 per cent.

(b) Maitland 225 or 1.86 per cent.

Milk.—About one half of the population was consuming un-pasteurised milk in 1952 and previous years. Only about 2.9 per cent. of the dairies were within the Tubercle-free Herd Scheme.

Diphtheria Immunisation in 1952.

Details of the activities of Council and Hospital Clinics are given below:—

	Approximate Population.	Completed Course.
Municipalities.		
Cessnock	15,000	105
Maitland	22,000	122
		(and 57
Newcastle	140,000	1,310
Singleton	4,000	Nil
		(No campaign)
Shires of—		
Kearsley	32,000	345
Lake Macquarie	58,000	1,084
Lower Hunter	7,000	51
Port Stephens	7,500	No campaign
	285,500	3,074
Hospitals—		
Royal Newcastle .....	...	488
Maitland Hospital .....	...	37

Health Services in the District.

	1951.	1952.
(i) Public Hospitals (eight)—		
Royal Newcastle Hospital.....	306	326
Mater Misericordiae	198	199
Maitland District	179	179
Cessnock District	135	142
Wallsend District	117	120
Kurri Kurri District	105	105
Dangar Cottage (Singleton)	40	40
Convalescent Home (New Lambton) ...	35	102
Total Beds (General)	1,115	1,213
(ii) Maternity Hospitals—		
Western Suburbs Maternity	51	40
(iii) Maternity Blocks in Public Hospitals—		
Royal Newcastle	40	40
Maitland District	30	30
Cessnock District	22	22
Kurri Kurri District	16	16
Mater Misericordiae	20	44
Fairholme Maternity (Dangar)	15	15
	143	167
(iv) Infectious Diseases Hospital—		
William Lynne Block, Newcastle ...	156	156
(v) Mental Hospitals—		
Newcastle	299	306
North Stockton	1,026	1,026
Morisset	1,201	1,212
	2,526	2,544

Health Services in the District—continued.

	1951.	1952.
(vi) Sanatorium for Tuberculosis—		
“Rankin Park” New Lambton	102	102
(vii) Homes for Aged—		
Dudley Red Cross (males).....	30	30
Newcastle Western Suburbs (females)...	38	48
	68	78
(viii) Private Hospitals—		
Eight hospitals registered.		
Lying-In	54	30
Medical and Surgical	27	22
	81	52
(ix) Homes—		
School for Deaf Girls, Waratah .....	...	100
Murray Dwyer Orphanage for Boys ...	...	104

Public Swimming Pools.

	No. of Pools.	Whether Chlorinated.
Municipalities—		
Cessnock	1	Yes.
Maitland	1	Yes.
Newcastle	3	No (sea water).
Singleton	1	Yes.
Shires—		
Kearsley	1	Yes.
	(Olympic standard).	
Lower Hunter .....	...	...
Lake Macquarie	1	No.
Port Stephens	2	1 chlorinated.
	(1 for children).	1 sea water.

Licensed Slaughtering Premises.

	Premises.
Municipalities—	
Cessnock	Nil
Maitland	Municipal Abattoir
Newcastle	Municipal Abattoir
Singleton	Nil
Shires—	
Kearsley	11
Lower Hunter	2
Lake Macquarie	1
Port Stephens	1

Public Health Administration.

The Local Government areas, constituting with the Harbour of Port Hunter, the River Health District comprise the following:—

	Area.	Popula- tion.	Health Inspectors Employed.
	sq. miles.		
Municipalities of—			
Cessnock	7½	15,000	1
Maitland	18	22,000	2
Newcastle	38	140,000	10
Singleton	1	4,000	1
Shires of—			
Kearsley	812	32,000	2
			and 1 full-time meat inspector.
Lower Hunter.....	200	7,000	1
Lake Macquarie	291	58,000	3
Port Stephens	399	7,500	1
	1,766	280,000	21

	Cessnock.	Maitland.	Newcastle.	Singleton.	Kearsley.	Lower Hunter.	Lake Macquarie.	Port Stephens.
PUBLIC HEALTH ADMINISTRATION.								
Area of council	7½	18	37	620 acres	812	200	291	399
Alteration boundary	No	No	No	No	No	No	No	No
Approximate population	15,000	22,000	140,000	4,000	32,000	7,000	52,500	7,500
Number health inspectors	1	2	10	1	2	1	3	1
Diphtheria immunisation	105	316	1,084	...	345	51	...	...
ORDINANCE 44—Nightsoil Depots.								
Services.....	49,897	74,620	1,990 (week)	35,360	5,500	65,548	11,000	62,000
New depots .....	...	...	1	...	...	...	1	...
Depots closed	1	...	...	...	...	...	...	...
Number septic tanks .....	...	4	15	...	13	8	41	9
Number chemical closets .....	...	2	10	1	...	...	57	7
Number of closets .....	...	1,200	...	...	...	...	11,500	...
Number of cesspits .....	...	20	...	...	...	...	...	...
ORDINANCE 51—Garbage.								
Number services	203,184	271,180	450 tons weekly	62,400	4,750	37,468	11,000	23,400
New depots .....	...	...	1	...	...	...	...	...
Depots closed .....	...	...	...	...	...	...	...	...
Approved depots.....	...	2	...	...	...	...	...	...
ORDINANCE 56—Butchers Shops.								
Number of butchers licensed	10	16	129	6	20	3	35	5
Number of smallgoods licensed	33	41	496	20	70	15	109	14
Number of prosecutions .....	...	...	...	...	...	...	...	...
ORDINANCE 57.								
Licenses issued fish shops	11	14	59	3	14	6	21	7
Licenses to sell rabbits	11	7	22	...	1	...	1	...
Poultry killing premises .....	...	...	...	...	...	...	...	...
Number prosecutions .....	...	...	...	...	...	...	...	...
Milk vendors .....	...	...	...	...	...	...	...	...
ORDINANCE 58—Control and Regulation of Furnaces.								
Smoke nuisance warnings .....	...	6	...	...	...	...	2	...
Number legal proceedings .....	...	...	...	...	...	...	...	...
ORDINANCE 60—Barbers' Shops.								
Number of premises licensed	18	30	160	13	18	1	25	4
Action taken (legal) .....	...	...	...	...	...	...	...	...
PURE FOOD ACT.								
Premises inspected	114	287	No. of insp. 4,844	131	150	344	164	23
Milk samples taken .....	...	15	96	25	25	...	...	...
Samples of food taken .....	...	...	...	...	...	...	...	...
Meat samples taken .....	...	...	132	...	...	...	...	...
Prosecutions.....	1	1	12	1	1	...	2 (unclean premises)	...
Notices served .....	...	...	...	...	...	...	...	...
Destroyed	60 lb. black fish.	1 beast, 30 lb. small-goods, 10 bottles pickles, 28 lb. fish, 3 cases, apples, 20 packets cereal.	600 lb. fresh fish, 4,204 imported fish, 8,933 articles weigh- ing 12,148 lb.	...	...	...	2 cases prawns, 1 case fish, 1 case rabbits, 1 carton wheatmeal biscuits.	...
Fines, etc.	£3/13/-	£3/-/-	£59/4/-	£4/12/-	£10/12/-	...	£2/8/-	...
NOXIOUS TRADES ACT.								
Cessnock	No noxious traders.							
Maitland	1 pig keeper, 1 manure maker, blood drier, gut scraper, fat extractor.							
Newcastle	1 knacker, 4 rag collectors.							
Singleton	No traders.							
Kearsley	12 pig keepers, 12 fat extracting, 2 knackers.							
Lower Hunter	No traders.							
Lake Macquarie	1 rag picker, 1 fat extractor, 14 pig keepers.							
Port Stephens	1 pig keeper.							

Pure Food Act.

Particulars of work performed under the Pure Food Act, 1908-44, for year ending 31st December, 1952.

This work includes inspection of food, supervision of all premises where food is prepared or sold, and compliance with the legal provisions as set out in the Act and Regulations.

Inspections of Premises totalled 1,173. Two breaches Reg. 77—£11 4s.

Seizure and destruction of deteriorated foods.—6 tons 5 cwt. 35 lb.

Milk Samples.—784 submitted for analysis. 29 below standard. Fines and costs, £91 17s.

Meat Samples.—485 samples submitted for analysis, 47 below standard. Fines and costs, £213.

Other Food Samples.—Samples submitted, 9 below standard. Fines and costs, £50 9s.

Total prosecutions.—95.

Total of Fines and Costs.—£365 10s.

SOUTH COAST HEALTH DISTRICT.

Report of the Medical Officer of Health, South Coast Health District, for the year ended 31st December, 1952.
Staff.

Dr. A. J. Geoffroy, M.B., Ch.M., D.P.H., D.T.M., D.T.H.,
Medical Officer of Health.
Mr. R. C. Turner, Senior Health Inspector.
Miss A. P. Graham, Typiste-stenographer.
To the Director-General of Public Health,

Sir,—I have the honour to present a report on the health conditions of the South Coast Health District for the year ended 31st December, 1952.

Staff Changes.

There were no staff changes during the year.

Local Authorities.

The South Coast Health District comprises thirteen municipalities and shires as stated hereunder:—

- Municipalities.—Bowral, Camden, Campbelltown, Gerringong, Jamberoo, Kiama, Shellharbour, City of Greater Wollongoug.
- Shires.—Mittagong, Shoalhaven, Sutherland, Wingecarribee, Wollondilly.

Description.

The boundaries of the South Coast Health District extend in the north along the southern shores of the Georges River, westward to the Warragamba River where it joins the Mitchell Health District. The Pacific Ocean forms the eastern border of the District from the Georges River in the north to Durras Water in the south. The western border extends from the Main Dividing Range along the boundaries of the Wollondilly, Shoalhaven Shires to Currowan Creek.

The district is watered by the Shoalhaven, Clyde, Wollondilly, Wingecarribee and Nepean Rivers. Within its boundaries are the catchment area of the Sydney Water Supply with dams and reservoirs at Nepean, Avon, Cataract and Cordeaux.

The Coastal Range separates the narrow coastal strip of land from the Tablelands.

The Hume and Princes Highways traverse the district from north to south. Other important roads connecting the two highways are from Heathcote to Liverpool, from Bulli Pass through Appin to Camden, from Mount Keira to Picton and from Albion Park to Moss Vale and Bowral. Further south, the Nowra-Kangaroo Valley Road and the Nowra-Braidwood Road afford access from the coast to inland areas.

From Stanwell Park to Wollongong a scenic road of great beauty gives an alternate route to tourists visiting the South Coast.

The chief towns are the City of Greater Wollongong, Sutherland, Nowra, Bowral, Moss Vale, Camden, Campbelltown, Mittagong, Picton and Kiama. Many tourist resorts and places of interest are to be found within the District; The National Park, Lake Illawarra, Jervis Bay, the Kangaroo Valley, Burragorang Valley, and the Wombeyan Caves.

The South Coast Health District is a centre of the dairying and pastoral industries. The chief dairy cattle centres are in the Camden and Gerringong-Jamberoo districts, whilst the pastoral areas are mainly on the Tablelands. From Coal Cliff to Dapto coal mining is an important industry. Heavy industry is carried out in the Port Kembla district, south of the City of Wollongong and has a most important bearing on the present and future development of the South Coast district.

Vital Statistics, 1952.

Population.—The population of the district at 31st December, 1952, was estimated at 209,300, while the estimated mean population for 1952 was 201,890.

Marriages.—During 1952, 1,315 marriages were celebrated in the district, equal to a rate of 6.51 per 1,000 of mean population.

Live Births.—There were 5,285 live births to mothers resident in the district, equivalent to a rate of 26.18 per 1,000 of mean population. Of these 2,713 were males and 2,572 females.

Ex-nuptial Live Births.—These numbered 148, equivalent to a rate of 0.73 per 1,000 of mean population. The ex-nuptial live births represented 2.80 per cent. of the total live births.

Deaths.—Deaths of residents numbered 1,652, equivalent to a rate of 8.18 per 1,000 of mean population. Of these 974 were males and 678 females.

Infantile Mortality.—Deaths under one year of age numbered 131, equivalent to a rate of 24.79 per 1,000 live births.

Of the total number of deaths of infants under 1 year of age, 78 or 59.54 per cent. occurred within one week of birth and 93 or 70.99 per cent. within the first month. The corresponding rates per 1,000 live births for the two age groups were 14.76 and 17.60 respectively.

Still Births.—There were 86 still births to mothers resident in the district, equal to a rate of 0.43 per 1,000 of mean population and representing 1.60 per cent. of all births (live and still).

Marriages, Live Births, Stillbirths and Deaths—Each Local Government Area, 1952.

Municipality or Shire.	Area, 31st Dec., 1952.	Estimated Population.		Marriages.	Live Births.									Deaths.												Stillbirths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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NOTE.—Births are classified according to the usual residence of the mother, and deaths according to the usual residence of the deceased.

Causes of Death of Children Under One Year of Age, 1952.

Inter-national Code No.	Cause of Death.	Number of Deaths.		
		Males.	Fe-males.	Persons.
	Infective and Parasitic Diseases—			
053	Septicaemia and Pyaemia	2	...	2
056	Whooping cough .....	...	1	1
057	Meningococcal infections	1	...	1
087	Chickenpox	1	...	1
	Allergic, Endocrine System, Metabolic and Nutritional Diseases—			
251	Nontoxic nodular goitre	1	...	1
253	Myxoedema and cretinism .....	...	1	1
286	Other avitaminoses and nutritional deficiency states.	1	...	1
	Diseases of the Blood and Blood-forming Organs—			
296	Purpura and other haemorrhagic conditions.	...	1	1
	Mental, Psychoneurotic, and Personality Disorders—			
325	Mental deficiency	1	1	2
	Diseases of the Nervous System and Sense Organs—			
340	Meningitis, except meningococcal and tuberculous.	1	1	2
343	Encephalitis, myelitis, and encephalomyelitis (except acute infectious).	1	...	1
	Diseases of the Circulatory System—			
467	Other diseases of circulatory system .....	...	1	1
	Diseases of the Respiratory System—			
490	Lobar pneumonia	2	1	3
491	Bronchopneumonia	2	3	5
500	Acute bronchitis	1	...	1
501	Bronchitis unqualified .....	...	1	1
526	Bronchiectasis .....	...	1	1
	Diseases of the Digestive System—			
560	Hernia of abdominal cavity without mention of obstruction.	1	...	1
571	Gastro-enteritis and colitis, except ulcerative, age four weeks and over.	...	1	1
	Congenital Malformations—			
750	Monstrosity	1	...	1
751	Spina bifida and meningocele .....	...	2	2
752	Congenital hydrocephalus	1	...	1
753	Other congenital malformations of nervous system and sense organs.	...	2	2
754	Congenital malformations of circulatory system.	9	3	12
756	Congenital malformations of digestive system.	3	...	3
	Certain Diseases of Early Infancy—			
	Intracranial and spinal injury at birth—			
7600	Without mention of immaturity	5	4	9
7605	With immaturity	1	2	3
	Other birth injury—			
7610	Without mention of immaturity	6	1	7
7615	With immaturity	2	...	2
	Post-natal asphyxia and atelectasis—			
7620	Without mention of immaturity	2	2	4
7625	With immaturity	2	2	4
7630	Pneumonia of newborn, without mention of immaturity.	2	2	4
7680	Other sepsis of newborn, without mention of immaturity.	1	...	1
	Neonatal disorders arising from maternal toxæmia—			
7690	Attributed to "toxæmia of pregnancy," without mention of immaturity.	1	...	1
7691	Attributed to maternal diabetes, without mention of immaturity.	...	1	1
7695	Attributed to "toxæmia of pregnancy," with immaturity.	1	...	1
7699	Attributed to other or unspecified maternal toxæmia, with immaturity.	...	1	1
	Haemolytic disease of newborn (erythroblastosis)—			
7700	Erythroblastosis, without mention of nervous affection or immaturity.	3	1	4
7701	Kernicterus, without mention of immaturity.	1	...	1
7710	Haemorrhagic disease of newborn, without mention of immaturity.	2	...	2
	Ill-defined diseases peculiar to early infancy—			
7730	Without mention of immaturity	1	...	1
7735	With immaturity .....	...	1	1
7749	Immaturity with mention of any other subsidiary condition.	2	...	2
7769	Immaturity unqualified	12	15	27
	Symptoms and Ill-defined Conditions—			
795	Ill-defined and unknown causes of mortality.	...	1	1
	Accidents, Poisonings and Violence—			
916	Accident caused by fire and explosion of combustible materials.	...	1	1
917	Accident caused by hot substance, corrosive liquid and steam.	1	...	1
924	Accidental mechanical suffocation in bed and cradle.	2	1	3
	All Causes	76	55	131

Notifiable Diseases.

(See Tables III, VII, VIII, IX.)

There were 91 cases of infectious diseases notified during the year 1952, including 3 deaths, compared with 144 cases and 5 deaths notified in the year 1951.

Diphtheria—12 cases, 0 deaths, compared with 22 cases, 0 deaths notified in 1951.

Scarlet Fever—48 cases, 0 deaths, compared with 26 cases notified in 1951.

Cerebro-spinal Meningitis—11 cases, 1 death, compared with 8 cases, 1 death, notified in 1951.

Virus Encephalitis—3 cases, 2 deaths, compared with no cases in 1951.

Poliomyelitis—14 cases, 0 deaths, compared with 87 cases, 4 deaths, notified in 1951.

Typhoid—Nil, compared with 1 case, 0 death, notified in 1951.

Rheumatic Fever—3 cases, 0 deaths. Not notifiable in 1951.

Poliomyelitis.—The epidemic of poliomyelitis which occurred during the year 1950-51 abated considerably during current year. Of the fourteen cases notified in the district, six cases occurred in the first two months of the year. Quarterly notifications were as follows:—

	1952.	1951.
January-March	7	57
April-June	1	21
July-September .....	...	5
October-December	6	4

Of the cases notified in this district seven occurred in the Shire of Sutherland and four in the City of Greater Wollongong, both centres of dense population and they are, moreover, holiday resorts, viz., Wollongong and other Coastal Beaches, Cronulla and The National Park.

The occurrence of six cases of poliomyelitis in last quarter of the year, preshadowed an increase of cases during the early month of the year 1953.

Diphtheria.—There was a decrease of approximately 50 per cent. in the number of cases of diphtheria notified during the year. This is probably due to the continuance of immunisation campaigns against diphtheria carried out by the local authorities during the past years.

Diphtheria immunisation campaigns were carried out by the following councils during the year:—

Municipalities of Wollongong, Camden, Campbelltown, Gerringong, Kiama and Shellharbour.

Shires of Mittagong, Shoalhaven and Sutherland.

A summary of the number of children immunised is shown in the following table:—

Council.	No. of Children Immunised.	No. of Children Receiving Reinforcing Doses.	No. of Children Incompletely Immunised.
City of Greater Wollongong	355	75	35
Municipality of—			
Camden	200	300	...
Campbelltown	113	...	...
Gerringong	10	64	...
Klama	21	6	...
Shellharbour	41	5	8
Shire of—			
Mittagong	47	...	...
Shoalhaven	124	5	21
Sutherland	207	58	35
Total	1,118	513	99

Scarlet Fever.—It will be noticed that there was a large increase of cases of scarlet fever notified during the year, viz., 48 as compared with 26 in the preceding year, and 40 cases in 1950.

Tuberculosis.—From 18th-29th February, 1952, inclusive, a tuberculosis survey of children of pre-school leaving age was conducted by officers of the Tuberculosis Division of Health Department, Sydney, in the Secondary Schools of Wollongong, Kiama, Corrimal and Woonona. The Survey consisted of Mantoux Test, X-ray and B.C.G. Vaccinations.

Result of Survey:—

Number of children tested, 1,453.

Number of children showing positive Mantoux reaction, 200 = 13.7 per cent.

This office co-operated with the Tuberculosis Division in the arrangements and conduct of the Survey.

During the year 1952, 46 cases of tuberculosis were notified to this office together with 3 deaths as compared with 42 cases and 9 deaths in 1951.

Anti-Tuberculosis Clinic.

Located at the Wollongong District Hospital, still continues a success. The Clinic is supervised by Sister Butterfield of the Health Department, Sydney, with Dr. Outhred as Medical Officer in Charge.

The figures for past two years are as follows:—

	1951.	1952.
No. of attendances at Clinic	1,340	1,460
No. of new cases	148	127
No. of new contacts	127	130
No. of new cases found T.B.	51	36
No. of X-rays	706	674
No. of cases on register	422	660

Medical Examinations.

During the year 1952, forty-four medical examinations were carried out at this office on behalf of the Public Service Board, Maritime Services Board and Rural Bank.

In addition, six medical examinations of children were carried out at the request of officers of the Child Welfare Department, Wollongong.

Health Education.

1. Information on health matters.
2. Booklets and pamphlets.
3. Articles on health matters supplied to local press within the Health District.

Booklets and pamphlets were also supplied to General Practitioners on request for distribution to patients.

Alterations to Boundaries.

During the month of February, 1952, approval was given for the extension of the municipal boundaries of Kiama to include about 100 acres lying between the Minnamurra River and Salt Pan Creek within the Municipality of Shellharbour. The approval for the extension of the boundaries was given on Public Health grounds so that the Kiama Nightsoil Depot would be situated within the Council's own area. At the Inquiry in 1951 officers of this Department gave evidence on behalf of the Kiama Municipal Council at the Local Government Inquiry.

In September, 1952, officers of this Branch attended the Local Government Inquiry at Bowral to give evidence before Mr. Commissioner Harold Halton on public health matters relating to the proposed extension of the Bowral municipal boundary to include Burradoo.

Noxious Trades Act, 1902-1944.

During the year sixty-six inspections of noxious trades premises were carried out.

Applications for licences under the Act were received as follows:—

Pig-keepers	52
Fat-extractors	44
Poultry-farmers	6
Knackers	2
Gut-scrapers	2

The premises were inspected and recommendations forwarded to the Board of Health for approval to issue of licences under the Act.

Warnings were issued to several licencees that failure to remedy unsatisfactory conditions and maintain their premises at all times in a clean condition in conformity with the requirements of the Act, would render them liable to prosecution.

During the year there was further evidence on the part of traders to carry out major improvements to their premises.

Also during the year the provisions of the Noxious Trades Act were extended by proclamation to that part of the Wollondilly Shire which is not within the County of Cumberland. This

resulted in an additional seven noxious trades premises, including one knackery, seven fat-extractors and seven pig-keepers receiving a primary inspection and further inspection for recommendation for licensing.

Septic Tanks.

The increase in building activities in the South Coast Health District noted in 1950 and 1951, particularly in the City of Greater Wollongong and in the Shire of Sutherland, continued throughout the year 1952.

Inspection of proposed sites for septic tanks are as follows:—
1950—282; 1951—307; 1952—406.

In addition inspections were made of existing septic tanks and of effluent disposal areas. Where necessary instructions were given by this office to abate nuisances arising out of the defective conditions found.

Sewerage.

The towns of Bowral, Camden, Campbelltown, Mittagong, Moss Vale, Nowra and part of the City of Greater Wollongong are sewered. The proposed extension of sewerage to Port Kembla and West Wollongong has not yet been completed. During the year inspections of two sewage treatment works and proposed sewage treatment works were inspected.

Nightsoil Disposal.

Nineteen inspections of existing nightsoil depots, four inspections of Bulli Sanitary Loading Depot and one inspection of proposed nightsoil depot site were made during the year.

The newly-approved sanitary depots at Picton and Shellharbour were brought into operation during the year. The newly approved depot at West Dapto was not brought into operation as expected owing to the amenities provided not being considered satisfactory for the sanitary workers.

The approved nightsoil depots at Kurnell and Bundeena also did not operate owing to non-completion of the necessary works. However, definite progress was made in the construction of roads of access and erection of depot sheds.

Investigations in connection with unsatisfactory rendering of sanitary services were carried out during the year. Where necessary instructions were given to local authorities to cause the sanitary services to be rendered in accordance with the provisions of Local Government Ordinances.

An inspection was made of a proposed new scavenging district and a suitable recommendation forwarded to the Board.

Garbage Disposal.

Twenty-three inspections of existing garbage disposal depots were made during the year.

Several complaints re rat infestation, smoke and fly nuisances and noxious odours were received and attended to.

Complaints.

Numerous complaints relative to alleged nuisances were received throughout the year.

Investigations were carried out by this office of 131 complaints. The complaints received were chiefly made concerning sullage and drainage nuisances, insanitary buildings, rat infestation of premises, smoke nuisances and unsatisfactory sanitary and garbage services.

School Premises.

Investigations were made of three public school premises in connection with inadequate sanitary and water supply services.

Water Supplies.

Chemical and bacteriological samples of water were collected by local authorities and forwarded to the Government Analyst and the Director of Pathological Laboratories for analysis and examination respectively. Appropriate advice was given by this office to the local authorities concerned.

Tourist Camps.

During the year eleven inspections of tourist camps were made in the holiday season. Where considered necessary recommendations were made to the local authority for the improvement of the camping areas. Generally, tourist camps were found to be satisfactory. Prior to the commencement

of the tourist season local authorities were advised to make adequate preparation for the satisfactory sanitation of camping grounds within their areas.

Pure Food Act.

Throughout the year, Pure Food Inspectors from Head Office, Sydney, visited the South Coast Health District and carried out numerous inspections of food premises under the Pure Food Act, 1908. Prosecutions arising out of the inspections were conducted and fines imposed for breaches of the Act and Regulations. In addition, thirteen inspections of food premises were made by this office. These premises included bakeries, butchers' shops and a cordial factory.

Hotel Sites.

Four inspections of proposed new hotel sites were carried out during the year in connection with the sanitation and drainage of the premises. Appropriate advice was given. In one instance evidence was given before the Full Bench of Licensing Magistrates on technical matters arising out of the suitability of the site for new hotel.

MITCHELL HEALTH DISTRICT.

Report of the Medical Officer of Health for the Year Ended 31st December, 1952.

Staff.

Dr. E. C. Wallace, Medical Officer of Health, one Health Inspector (Mr. D. H. Way till middle June when he was replaced by Mr. H. K. Evans), one Office Assistant, Miss P. M. Single.

The Mitchell Health District is made up of the following municipalities and shires:—

Municipalities.

- Bathurst.
- Blue Mountains, City of.
- Lithgow.
- Mudgee.
- Orange.

Shires.

- Abercrombie.
- Blaxland.
- Canobolas.
- Cudgegong.
- Gulgong.
- Lyndhurst.
- Molong.
- Oberon.
- Rylstone.
- Turon.

The general activities carried on within the district are as noted in previous reports.

General.

Owing to the progressive building programme being carried out in the City of Greater Wollongong and the Shire of Sutherland, work within these Local Government Areas continues to be heavy.

An increase of over 30 per cent. in applications for construction of septic tanks made during 1952 as compared with 1951 is evidence of the continued wish of residents to improve sanitary conditions generally.

Though marked improvement in the general carrying out of sanitary and garbage services has been found, complaints concerning non-rendering of the services have been made. In all cases these complaints were satisfactorily dealt with. Much of the building takes place in areas without proper road formation and on difficult terrain. In consequence drainage problems continue and have not proved easy to remedy. In this regard, conferences with the Housing Commission of New South Wales have taken place with a view to remedial action.

Vital Statistics, 1952.

Population.—The population of the district at 31st December, 1952, was estimated at 131,340, while the estimated mean population for 1952 was 131,950.

Marriages.—During 1952, 913 marriages were celebrated in the district, equal to a rate of 6.92 per 1,000 of mean population.

Live Births.—There were 2,939 live births to mothers resident in the district, equivalent to a rate of 22.27 per 1,000 of mean population. Of these, 1,547 were males and 1,392 females.

Ex-Nuptial Live Births.—These numbered 118, equivalent to a rate of 0.89 per 1,000 of mean population. The ex-nuptial live births represented 4.01 per cent. of the total live births.

Deaths.—The deaths of residents numbered 1,271, equivalent to a rate of 9.63 per 1,000 of mean population. Of these 748 were males and 523 females.

Infantile Mortality.—Deaths under 1 year of age numbered 82, equivalent to a rate of 27.90 per 1,000 live births.

Of the total number of deaths of infants under 1 year of age, 50 or 60.98 per cent. occurred within one week of birth and 54 or 65.85 per cent. within the first month. The corresponding rates per 1,000 live births for the two age groups were 17.01 and 18.37 respectively.

Still Births.—There were 58 still births to mothers resident in the district, equal to a rate of 0.44 per 1,000 of mean population and representing 1.94 per cent. of all births (live and still).

Marriages, Live Births, Stillbirths and Deaths—Each Local Government Area, 1952.

Municipality or Shire.	Area, 31st Dec., 1952.	Estimated Population.		Marriages.	Live Births.									Deaths.												Stillbirths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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NOTE.—Births are classified according to the usual residence of the mother, and deaths according to the usual residence of the deceased.

Causes of Death of Children Under One Year of Age, 1952.

Inter-national Code No.	Causes of Death.	Number of Deaths.		
		Males.	Fe-males.	Persons.
010	Infective and Parasitic Diseases— Tuberculosis of meninges and central nervous system.	1	...	1
056	Whooping cough	1	1	2
057	Meningococcal infections	1	1	2
180	Neoplasms— Malignant neoplasm of kidney	1	...	1
286	Allergic, Endocrine System, Metabolic and Nutritional Diseases— Other avitaminoses and nutritional deficiency states.	1	...	1
340	Diseases of the Nervous System and Sense Organs— Meningitis, except meningococcal and tuberculous.	1	...	1
475	Diseases of the Respiratory System— Acute upper respiratory infection of multiple or unspecified sites.	1	...	1
490	Lobar pneumonia	1	...	1
491	Bronchopneumonia	3	3	6
493	Pneumonia, other and unspecified	1	1	2
571	Diseases of the Digestive System— Gastro-enteritis and colitis, except ulcerative, age four weeks and over.	2	1	3
590	Diseases of the Genito-Urinary System— Acute nephritis	1	...	1
750	Congenital Malformations— Monstrosity .....	...	1	1
751	Spina bifida and meningocele .....	...	2	2
754	Congenital malformations of circulatory system.	1	4	5
756	Congenital malformations of digestive system.	1	...	1
7600	Certain Diseases of Early Infancy— Intracranial and spinal injury at birth, without mention of immaturity.	3	...	3
7610	Other birth injury— Without mention of immaturity	2	1	3
7615	With immaturity	1	2	3
7620	Post-natal asphyxia and atelectasis— Without mention of immaturity .....	...	3	3
7625	With immaturity	1	2	3
7630	Pneumonia of newborn— Without mention of immaturity .....	...	1	1
7635	With immaturity .....	...	1	1
7690	Neonatal disorders arising from maternal toxæmia— Attributed to "toxæmia of pregnancy," without mention of immaturity.	2	...	2
7699	Attributed to other or unspecified maternal toxæmia, with immaturity.	1	2	3
7700	Haemolytic disease of newborn (erythroblastosis)— Erythroblastosis, without mention of nervous affection or immaturity.	...	2	2
7710	Haemorrhagic disease of newborn, without mention of immaturity.	1	...	1
7735	Ill-defined diseases peculiar to early infancy, with immaturity.	1	...	1
7749	Immaturity with mention of any other subsidiary condition.	1	1	2
7769	Immaturity unqualified	13	10	23
	All Causes	43	39	82

Health Services in the District.

Local Authorities.—There have been several resignations of health inspectors from local councils in the district, throughout the year. For the most part they have been readily replaced. However, following the resignation of Mr. McDermid as Assistant Health Inspector from the Bathurst City Council, there has been no new appointee due to lack of housing accommodation.

Two conferences of health inspectors of the Mitchell Health District were called by the Medical Officer of Health during the year. Council's co-operated very well in arranging for their Health Inspectors to attend.

Infectious Diseases notified for the year ended 31st December, 1952 (see Tables V, VII, VIII, IX, pp. 16-26).

	Cases.
Scarlet Fever	185
Poliomyelitis	5
Meningococcal Infet.	3
Diphtheria	2
Typhoid Fever	1

Compared with the previous year, there has been a considerable increase in the number of scarlet fever notifications (185 as against 115). Some of these cases occurred in families with several young children or in inadequately housed families. In both these classes, isolation of cases is impossible, and with the long isolation period required for contacts, there are great difficulties at home for the housewife. At some hospitals, e.g., Orange Base, there is not sufficient provision made for accommodation of infectious cases, and local doctors have been refused admission of those scarlet fever cases which they consider should be in hospital. This matter was made the subject of a separate report.

There has been considerably less diphtheria in the district, (2 cases as against 21 for 1951) and comparatively little poliomyelitis (5 cases as against 77). Most councils conduct periodic mass immunisation campaigns against diphtheria, and a large proportion of mothers have their babies immunised independent of the councils campaigns.

A case of typhoid fever in a boy of twelve occurred at Emu Plains. A search was made for a possible source of infection but none found. A small outbreak of mild ringworm which occurred at the Bathurst Day Nursery School was investigated. No definite source of infection found.

Housing.—Improved, but there is still a shortage in some towns.

Pure Food Act.—Periodically a food inspector from Head Office, Sydney, visits the district.

Public meetings were held at Lithgow, Portland and Katoomba early in the year to which food vendors and their staffs were specially invited. Mr. P. C. Williams addressed the meetings on hygiene and requirements under the Pure Food Act.

A public meeting was later held at Mudgee for a similar purpose. Mr. Madgwick, Deputy Chief Food Inspector, addressed the meeting.

Noxious Trades Act.—Licenses issued in respect of each trade are as follows:—

Pig keeper	49
Fat extractor	40
Manure maker	1
Blood boiler	1
Blood dryer	1
Bone grinder	1
Knacker	1

Medical Examinations.—

Entrants into the service	14
Fitness to continue	2
Sick leave	1

Medical examinations at Bathurst Day Nursery School carried out periodically with interviews with parents.

Inspections made during the year.—

Inspection of sanitary depots	42
Inspection of sanitary services	2
Inspection of garbage depots	18
Inspection of proposed scavenging district boundaries	1
Inspection of septic tank sites	231
Inspection of existing septic tanks	29
Inspection of sewage treatment works	2
Inspection of food premises	84
Inspection of noxious trade premises	77
Inspection of buildings	7
Inspection of hotels	1
Inspection of water supplies	7
Inspection of land unfit for building	5
Inspection of slaughtering premises	6
Inspection of yards	4
Inspection of piggery site	1
Inspection of cemeteries	1
Inspection of dairy site	1
Investigation of complaints	26
Investigation of nuisances	20
Collection of water samples	11
Attendance at court	3
Inspection of public halls	2
Attendance at conferences	4

Public Health Education.—Health displays were exhibited at the annual agricultural shows at Bathurst and Orange. Press articles were published and broadcast talks given from time to time; especially in connection with such matters as diphtheria immunisation campaigns and tuberculosis.

During Health Week, talks were given and films shown to school children.

Tuberculosis.—Mantoux testing and B.C.G. vaccination was carried out of staff of Orange Base Hospital.

A chest clinic at Lithgow was opened in January, 1952, with Dr. Alan Langley, Joint Coal Board, as medical officer-in-charge, and a visiting nurse from the T.B. Division of the Health Department.

A chest clinic was opened in September, 1952, at the Orange Base Hospital, with Dr. Paton and Dr. Matthews in charge, and a visiting nurse from the T.B. Division, Health Department.

Vaccination Certificates.—Twenty-two international certificates of vaccination against smallpox were issued during the year.

RICHMOND-TWEED HEALTH DISTRICT.

Annual Report of Medical Officer of Health, Dr. J. J. Donnellan, for the year ended 31st December, 1952.

This is the fifth annual report of the medical officer of health of the Richmond-Tweed Health District.

The district is situated in the far north-east corner of New South Wales. Its area is over 5,000 miles, with an approximate population of 130,000. It extends from Grafton in the south to the Queensland border in the north, and it comprises two cities, six municipalities, and ten shires. Its eastern boundary is the coast, and its western boundaries are the boundaries of Kyogle and Copmanhurst Shires.

It is a most closely settled rural area, containing rich dairy country. Its industries are mainly dairying, cattle and pig raising, sugar cane growing, timber getting, fishing and banana growing. Bananas, paw paws and pineapples grow in abundance.

Of late years, the district has suffered on many occasions from severe floods, which do considerable damage and cause great stock losses. Fortunately, no flood occurred during the year 1952.

The staff consists of a medical officer of health, senior health inspector, and female office assistant. No change in the office staff occurred during the year.

Vital Statistics, 1952.

Population.—The population of the district at 31st December, 1952, was estimated at 122,360, while the estimated mean population for 1952 was 121,830.

Marriages.—During 1952, 955 marriages were celebrated in the district, equal to a rate of 7.84 per 1,000 of mean population.

Live Births.—There were 3,203 live births to mothers resident in the district, equivalent to a rate of 26.29 per 1,000 of mean population. Of these 1,682 were males and 1,521 females.

Ex-nuptial Live Births.—These numbered 93, equivalent to a rate of 0.76 per 1,000 of mean population. The ex-nuptial live births represented 2.90 per cent. of the total live births.

Deaths.—The deaths of residents numbered 893, equivalent to a rate of 7.33 per 1,000 of mean population. Of these 508 were males and 385 females.

Infantile Mortality.—Deaths under 1 year of age numbered 81, equivalent to a rate of 25.29 per 1,000 live births.

Of the total number of deaths of infants under 1 year of age, 54 or 66.67 per cent. occurred within one week of birth, and 63 or 77.78 per cent. within the first month. The corresponding rates per 1,000 live births for the two age groups were 16.86 and 19.67, respectively.

Still Births.—There were 56 still births to mothers resident in the district, equal to a rate of 0.46 per 1,000 of mean population and representing 1.72 per cent. of all births (live and still).

Marriages, Live Births, Stillbirths and Deaths—Each Local Government Area, 1952.

Municipality or Shire.	Area, 31st Dec., 1952.	Estimated Population.		Marriages.	Live Births.									Deaths.												Stillbirths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		31st Dec., 1952.	Mean 1952.		Total.						Ex-nuptial.			All Ages.			Under 1 Year.			Under 1 Month.			Under 1 Week.			Total.			Ex-nuptial.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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NOTE.—Births are classified according to the usual residence of the mother, and deaths according to the usual residence of the deceased.

Causes of Death of Children Under One Year of Age, 1952.

Inter-national Code No.	Cause of Death.	Number of Deaths.		
		Males.	Fe-males.	Persons.
296	Diseases of the Blood and Blood-forming Organs— Purpura and other haemorrhagic conditions.	...	1	1
340	Diseases of the Nervous System and Sense Organs— Meningitis, except meningococcal and tuberculous.	1	...	1
401	Diseases of the Circulatory System— Rheumatic fever with heart involvement	1	...	1
491	Disease of the Respiratory System— Bronchopneumonia .....	...	1	1
492	Primary atypical pneumonia .....	...	1	1
493	Pneumonia, other and unspecified	2	...	2
571	Diseases of the Digestive System— Gastro-enteritis and colitis, except ulcerative, age four weeks and over.	1	1	2
701	Diseases of the Skin and Cellular Tissue— Eczema .....	...	1	1
750	Congenital Malformations— Monstrosity .....	...	1	1
751	Spina bifida and meningocele .....	...	3	3
752	Congenital hydrocephalus	1	...	1
753	Other congenital malformations of nervous system and sense organs.	1	...	1
754	Congenital malformations of circulatory system.	4	5	9
755	Cleft palate and harelip	1	...	1
756	Congenital malformations of digestive system.	1	...	1
757	Congenital malformations of genito-urinary system.	1	...	1
758	Congenital malformations of bone and joint.	...	1	1

Causes of Death of Children Under One Year of Age.—continued.

Inter-national Code No.	Causes of Death.	Causes of Death.		
		Males.	Fe-males.	Persons
7600	Certain Diseases of Early Infancy— Intra-cranial and spinal injury at birth— Without mention of immaturity	5	3	8
7605	With immaturity	1	1	2
7610	Other birth injury— Without mention of immaturity	1	1	2
7615	With immaturity	3	1	4
7620	Post-natal asphyxia and atelectasis— Without mention of immaturity	4	...	4
7625	With immaturity	2	2	4
7630	Pneumonia of newborn, without mention of immaturity.	1	...	1
7645	Diarrhoea of newborn, with immaturity...	...	1	1
7690	Neonatal disorders arising from maternal toxæmia— Attributed to "toxæmia of pregnancy"— Without mention of immaturity .....	...	1	1
7695	With immaturity .....	...	1	1
7700	Haemolytic disease of newborn (erythroblastosis) without mention of nervous affection— Without mention of immaturity .....	...	1	1
7705	With immaturity	1	...	1
7730	Ill-defined diseases peculiar to early infancy— Without mention of immaturity	1	...	1
7735	With immaturity	1	...	1
7769	Immaturity unqualified	9	10	19
823	Accidents, Poisonings, and Violence— Motor vehicle accident involving running off roadway.	1	...	1
	All Causes	44	37	81

Health Services in the District.

There are two full-time and ten part-time baby health centres.

There are nine ambulance stations and three sub-stations and ten public hospitals.

Public Health Act.

(See Tables IV, VII, VIII, IX, pp. 16-26.)

Diseases notifiable under the Public Health Act during the year were as follows:—

	1952	1951
Tuberculosis	23	19
Diphtheria	72	42
Typhoid Fever	—	—
Scarlet Fever	9	5
Infantile Paralysis	43	114
Cerebro-Spinal Meningitis	6	5
Virus Encephalitis	2	—
Typhus Fever	1	9
Chorea	—	—
Bubonic Plague	—	—
Smallpox	—	—
Puerperal Infection	—	1
Undulant Fever	2	1
Chorea (Rheumatic)	1	—
Rheumatic Fever	4	—

Tuberculosis.—No great increase in the number of notified cases of tuberculosis occurred during the year.

The Mobile Unit of the Anti-Tuberculosis Association completed its mass X-ray survey of the population of this district during the year.

The figures are as follows:

Total examined	31,771
Total Active T.B.	32— .1%
Total old (inactive) Tuberculosis ...	363—1.1%

These figures are very gratifying, as it will be seen that excluding children up to 14 years, a very high percentage of the population was examined. The visit of the Mobile X-ray Unit of the New South Wales Anti-Tuberculosis Association was a major event in regard to public health in the district, as it not only focussed the attention of the whole population on Tuberculosis and its prevention, but also served to draw attention to the need for prevention of disease generally.

In 1951, nine deaths from tuberculosis occurred in the district. This compares more than favourably with the rest of New South Wales, in spite of the fact that there is a rather high percentage of tuberculosis among the bovines of the district and a large quantity of unpasteurised milk is consumed.

The Medical Officer of Health continued to give B.C.G. vaccine to trainee nurses in the hospitals of the district. B.C.G. vaccination is now a general practice in this district, except in one hospital—Casino District Hospital.

Acute Anterior Poliomyelitis.—This disease continued to take its toll during the year. Forty-three cases were notified which, however, was much less than the previous year, when 114 cases were notified.

A visit to the district was made in February by the Orthopaedic Specialist—Dr. Sturrock, who examined and advised on all cases submitted to him by the local Medical Practitioners.

Diphtheria.—Seventy-two cases of diphtheria occurred during the year, which was a greatly increased number over the previous year, when forty-two cases were notified.

Almost all the children notified suffering from diphtheria were not immunised, or had been immunised more than five years ago.

It is being more and more felt that an apathy in regard to having their children immunised against diphtheria is growing amongst the public. Efforts by newspaper articles and broadcasts were made to counteract this tendency.

Only one case of typhus fever occurred during the year. Nine cases occurred during the previous year.

Incidence of other notifiable diseases was slight.

Hookworm and roundworm infestation still presents a problem amongst the coloured children. Continuous efforts have been made during the year to improve the sanitation in the various aboriginal settlements in order to lessen if possible, the incidence of these conditions.

Sanitary Circumstances of the District.

Gradual improvement continues to take place in the sanitary state of the district. Major works are in progress and in contemplation. No major work was completed during the year.

The Rocky Creek Dam has now been completed, and it is hoped that it will not be long before sufficient pipes are obtained to connect the dam with the various towns in the area, and when this does occur, it will result in considerable improvement to the water supply of several towns in the district.

Local Government Act.

Inspections of sanitary depots and investigations of night-soil and garbage removal services have been carried out throughout the whole area.

Attention is paid to the hygiene of food premises and to the sanitation of tourist resorts during the swimming season. Very many of these tourist resorts exist along the coast, from Grafton to the border, and during swimming times, a vast increase to the population occurs, due to the influx of visitors to these camping areas.

Complaints from members of the public have received attention. Local authorities have been requested to take appropriate action in connection with these.

Hotels have been inspected by the Senior Health Inspector in company with the Licensing Inspector, and recommendations in regard to sanitary matters generally have been submitted for the information and guidance of the licensing authorities.

Public and private water supplies and swimming baths have been investigated, and samples have been submitted to the Government Pathological Laboratories for examination and report.

Noxious Trades Act.

One hundred and forty-six (146) licences have been issued under the Act for 1952 licensing period. It can be stated that gradual improvement continues to take place in the sanitation of these premises. Structural improvements are now being carried out also.

Pure Food Act.

Periodical visits are paid to this district by a Food Inspector from Head Office. Inspections are carried out of samples of food taken by him, and submitted for analysis. Several prosecutions were taken for adulterated foodstuffs, and dirty premises.

Health Education.

Once again attention has been given to Health Education, and the co-operation of the editors of the local newspapers and managers of broadcasting stations has been freely given, and very much appreciated during the past year.

Addresses have been given to various organisations by the Medical Officer of Health. Health films have been shown on several occasions in various parts of the district. A course of lectures in hygiene is given each year to nurses of the Lismore Base Hospital by the Medical Officer of Health.

The work of this office has been facilitated during the year by the help and co-operation of the Medical Practitioners practising in the district, and particularly of the Medical Officer-in-Charge of the Commonwealth Health Laboratory at Lismore, and members of his staff.

There were twenty-four (24) Medical Examinations carried out during the year.

General Administration.

Sixty-six (66) septic tanks and 1,041 letters were despatched. Mileage travelled by Medical Officer of Health was 6,385. Mileage travelled by Senior Health Inspector was 14,257.

Inspections.

Septic tanks reported upon and returned to Council	4
Septic tank plans recommended for Board approval	66
Proposed sites for septic tanks	94
Septic tanks inspected	46
Nuisances investigated	64
Garbage depots inspected	52
Sanitary depots inspected	47
Noxious trades premises inspected	106
Inspection of camping areas and tourist resorts	49
Showgrounds, racecourses, etc.	9
Investigations of night-soil removal services ..	5
Investigations of garbage removal services ...	7
Surveys for proposed sanitary depot sites ...	9
Investigation of public water supplies	13
Investigation of private water supplies	1
Samples of water submitted for analysis—	
Chemical	4

Samples of water submitted for analysis—Micro-biological	8
Inspection of National Fitness Camps	3
Investigations regarding rat control	8
Insanitary buildings	6
Butchers' shops	9
Scavenging Districts investigated	8
Inspection of Aboriginal Camps re hookworm control	3
Inspection of hotels	26
Inspection of public schools	2
Investigation of public hospital drainage	1
Inspection of public halls	1
Investigations of disposal of dead stock	2
Attendances at Council meetings re sanitary conditions	4
Attendances at court proceedings on behalf of Council	2
Legal proceedings by this Department	1

BROKEN HILL AND DISTRICT.

Report of Medical Officer of Health for the Year ended 31st December, 1952.

The population of the Broken Hill Municipal District at 31st December, 1952, was estimated at 32,705, which represents an increase of 1,533 when compared with that for the previous year.

The deaths for the period under review numbered 294 (males 180, females 114). There were 939 births for the twelve months, comprising 490 males and 449 females.

Infectious Diseases.

The monthly incidence of notifiable infectious diseases was as follows:

TABLE I.

	Typhoid Fever.	Scarlet Fever.	Diph- theria.	Meningo- coccal Menin- gitis.	Puerperal Infection.	Infantile Paralysis.
January	1
February
March	1	...	...	...	...
April	1
May	1	...	...	...
June	1	...	...
July
August
September	1	...	...
October
November	2	...	...
December	1	...	...	...
Totals	1	2	4	...	2

The incidence of notifiable infectious disease at Broken Hill during the past five years is shown in the following table:

TABLE II.

Disease.	1948.	1949.	1950.	1951.	1952.
Typhoid and Paratyphoid
Scarlet Fever	4	...	7	4	1
Diphtheria	1	...	3	2
Meningococcal Meningitis	2	4
Infantile Paralysis	1	2	7	2
Puerperal Infection	1	...	...	...

At the Anti-Tuberculosis Clinic 199 new cases were investigated, and the total number of attendances at the Clinic during the period under review was 462, a decrease of 168 when compared with those for the previous twelve months.

SECTION III.

STATE HOSPITALS AND HOMES.

STRICKLAND CONVALESCENT HOSPITAL, VAUCLUSE.

Annual Report, 1952.

Visiting Emergency Medical Officer—Dr. R. V. PARKER.
Matron—Miss H. MCGREGOR.
Clerical Staff—Mr. C. F. MURPHY. Relieving Clerk—Mr. O. HUTCHISON.
Trained Nurses—Four (4).
Experienced Nurses—Two (2).
Assistant Nurses—One (1).
Female House Staff—Seven (7).
Outdoor Attendant—One (1) Night Attendant One (1).
Attendant Cleaner—One (1).
Patients' Bed Accommodation—Males 40. Females 70. In-mate Workers 21.
Remaining in Hospital, 31st December, 1951, Males 30. Females 50. Inmate Workers 21.

	Male.	Female.	Total.
Patients admitted during 1952.....	383	652	1,035
Patients discharged during 1952	388	655	1,043
Patients deceased during 1952	Nil.	Nil.	Nil.
Remaining in Hospital, 31st December, 1952	25	47	72
	and Inmate Workers, 21.		
Daily Average	30	47	...
	Inmate Workers, 21.		

Maintenance and donations for the year amounted to £840 10s. 1d.
At this institution patients are received from metropolitan hospitals and the Hospital Admission Depot, a number are also admitted from country hospitals.

The majority of patients are very appreciative of the care and attention given to them, and numerous letters are received here and at Head Office expressing appreciation from patients who have spent a period of convalescence at this hospital.
On discharge patients show marked gains in both weight and general health. This is specially marked at present as hospitals discharge patients in a very weak condition due to shortage of beds.

A number of patients are in plaster and have to visit the Out-patients' Departments at various hospitals—some daily—and there have been a great increase in the number of patients receiving deep-ray treatment daily.
A small percentage as usual have to be returned to hospital for further treatment.

General maintenance work for the year has been carried out by the Public Works Department. Grounds are kept in order by Inmate Workers under the direction of the Outdoor Attendant.

LIDCOMBE STATE HOSPITAL AND HOME.

Report of the Medical Superintendent for the year ending 31st December, 1952.

Honorary Staff Surgeon—H. C. RUTHERFORD DARLING, L.R.C.P. (London), M.R.C.S. (Eng.), M.B., B.S., M.D., M.S. (London), L.F.P.S. (Glasgow).
Assistant Hon. Surgeon—J. A. LAWSON, M.B., Ch.M., F.R.A.C.S.
Honorary Urologist—H. G. CUMMINE, M.B., B.S., M.S.
Honorary Ophthalmic Surgeons—A. E. FRASER CHAFFER, M.B., Ch.M.; F. J. A. POCKLEY, M.B., B.S.; C. E. H. BECKETT, M.B.; EUNICE WILSON, M.B., B.S., D.O.M.S.
Honorary Dermatologist—Vacant.
Hon. Ear, Nose and Throat Surgeon—R. E. DUNN, M.B., B.S., B.Sc.
Radiologist—COLIN R. COLE, M.B., Ch.M.
Dentist—C. S. WHITE, B.D.S.

Staff Administrative:—
Medical Superintendent—E. J. BROOKS, M.B., Ch.M.
Deputy Medical Superintendent—G. S. PROCOPIS, M.B., M.R.A.C.P.
Senior Medical Officer—S. H. SWIFT, M.B., Ch.B. 1925 Univ. N.Z., D.T.M. and H. London, 1930, L.M. Rotunda, 1935, D.R.C.O.G. Eng. 1935.
Junior Medical Officers—A. F. J. D'Arcy, L.M.S.S.A. London, 1927. J. D. MURPHY, M.B., B.S. Sydney. A. R. DOUTREBAND, M.B., B.S.
Supernumerary Medical Officer—I. R. VANDERFIELD, M.B., B.S.
Manager—W. C. MACDONALD.
Matron—Miss A. J. CARR.
Nurses—Thirty-five.
Other Female Staff—Thirteen.
Attendants—One hundred and sixty.
Other Male Staff—Fifty-five.

Number of beds available—Hospital, 796; Home, 520; Total, 1,316, as at 31st December, 1952.

Daily average number of patients and inmates resident:—

1946	1,201
1947	1,137
1948	1,133
1949	1,175
1950	1,173
1951	1,162
1952	1,160

Admissions, Discharges and Deaths.

	Hospital Section (includes Ward 30).	Home Section.	Total.
In Institution, 1st January, 1952	692	460	1,152
Admissions	1,142	961	2,103
Transfers	315	258	573
Total Treated	2,149	1,679	3,828
Discharges	629	938	1,567
Deaths	572	8	580
Transfers	258	315	573
In Institution 31st December, 1952	690	418	1,108
Daily average	1,160	...	...
Casual relief	314 Indigent persons were provided with sleeping accommodation for 1 night and 694 were supplied with a meal.		

Three thousand eight hundred and fifty-nine cases were examined in the X-ray Department, including examination of staff as prescribed by the award made by Judge Kinsela.

One hundred and sixteen major operations were performed.

Three thousand one hundred and thirty-one specimens were examined in the Pathological Department.

Two hundred and fifteen electrocardiograms were taken and reported on.

Laundry—1,218,609 articles were laundered.

Farm—Sales amounted to £647 14s. 11d.

The following works were carried out under the direction of the Public Works Department:—

- (1) New Mess Room for Attendants.
- (2) New Wards and Dormitories in course of erection.
- (3) New Boiler House.
- (4) New Morgue (almost completed).
- (5) Repairs to roofs of Hospital Section and floors of Wards 27 and 28.
- (6) Replacement of floors in Store and Chief Attendant's block.
- (7) New Kerosene Store and refrigeration chamber.
- (8) Bundy Clock—cables renewed to Wards 4, 5, 6, and 7.
- (9) Bed-sitting Room provided for Sub-matron.
- (10) Ward 10 verandah glassed in.
- (11) Shelter shed provided for bus passengers.
- (12) Installation of twin rapid laundry press.

- (13) Re-wiring of electrical installation in Dormitory 43.
- (14) New boundary fence near Cemetery.
- (15) Re-wiring (3-phase) of Overseer's residence and installation of electric bath heater.
- (16) Elimination of septic tank and connection to sewer of the Overseer's residence.
- (17) Installation of woodworking machine, band-saw and saw bench.
- (18) Replacement of Sinks in certain Wards with stainless steel units.

The following maintenance work was carried out by the Hospital staff under the direction of the Manager:—

(1) Renovation of Residences:—

Overseer's residence—Exterior painted.

Manager's residence—Exterior painted.

Junior Medical Officer's residence, 1; Exterior and interior painted.

Junior Medical Officer's residence, 2; Exterior and interior painted.

Deputy Medical Superintendent's residence—Exterior painted.

Matron's Office Block—Exterior painted.

Flat over Matron's Office—Completely renovated.

Ward 30—Interior painted.

Ward 14—Fifty per cent. of interior painted.

Ward 28—N. verandah re-floored.

- (2) Horse-drawn vehicles overhauled and rebuilt for this and other institutions.

LIVERPOOL STATE HOSPITAL AND HOME.

Report of the Medical Superintendent for the Year Ended 31st December, 1952.

Honorary Visiting Staff.

Surgeon, J. A. Lawson, M.B., Ch.M., F.R.A.C.S.; Assistant Surgeons, N. C. Newton, M.B., B.S., F.R.C.S.; Justin Fleming, M.B., B.S., F.R.C.S.; John Goldie, M.B., B.S., F.R.C.S.; Orthopaedic Surgeon, Neville H. Morgan, M.B., B.S., F.R.C.S., O.R.T.H.O. (London), O.B.E.; Ear, Nose and Throat Surgeon, Frank Ellis, M.B., B.S., F.R.A.C.S.; Urologist, L. D. Wheeler, M.B., M.S., F.R.A.C.S.

Staff.

The staff position, from the point of view of vacancies existing at the close of the year, presented a much more pleasing picture than at any stage during the post-war period. The disproportion between trained and untrained personnel in respect of nursing services still persisted, however, and the need of additional trained nurses in lieu of nursing Aids is still pressing. It is pleasing to report that, this handicap notwithstanding, the Hospital functioned to its full bed capacity throughout the year.

Details of staff actually employed as at 31st December, 1952, are as follows, viz.:—

Medical Superintendent, C. R. O'Brien, M.B., Ch.M.; Senior Medical Officer, V. H. Quinlan, M.B.; Medical Officers, J. J. L. McDonald, L.R.C.P.; E. Kalokerinos, M.B., B.S., B.Sc.; Junior Resident Medical Officer, E. E. Hardy-Barker, M.B., B.S.; Manager, E. C. Barrett, J.P.; Matron, N. Hoare; Dispenser, Two Clerks, Four Office Assistants, Storekeeper and Assistant Storekeeper, thirty-one Nurses (including twelve untrained), Chief Attendant, Deputy Chief Attendant, forty Attendants, twenty-eight other Male staff, twelve other Female staff.

In addition, a Dental Surgeon attended the Institution on the basis of one whole day each week whilst a Librarian, from the Central Administration of the Department, attended two days per week.

Number of Beds and Wards.

Hospital Division, comprising eleven Wards containing 290 beds (inc. three cots), whilst Dormitory accommodation for Home Section inmates remained at 446 beds throughout the year.

Admissions and Discharges.

In residence 1st January, 1952, 694. Admitted during year 2,480; Discharged 2,088; Died, 370; Total remaining at 31st December, 1952, 716. Average daily number resident 711.5. Average cost per occupied bed, £272 2s. 8d.

Summary of Ward Patients Treated During 1952.

Section.	In Hospital 1st January, 1952.	Admitted during year.	Discharged during year.	Died during year.	In Hospital 31st December, 1952.
Cancer Wards	62	175	40	132	65
General Wards	170	297	141	155	171
Total	232	472	181	287	236
District Wards	44	1,297	1,219	74	48
Grand Total ...	276	1,769	1,400	361	284

Operations.

A total of 656 operations were performed during the year under review, of which 405 could be classified as of a major nature.

Out-patients.

The total estimated number of attendances by out-patients at this hospital during 1952 is set down as 49,338.

Review of Work.

Buildings.—It is pleasing to report, in addition to the fairly extensive painting programme carried out by the Department of Public Works during the preceding year at this institution, further painting was undertaken by the Building Construction and Maintenance Branch during the year under review, embracing the interior painting of the main dormitory block and annexes, and both interior and exterior painting of the entire Cancer Division, including the weatherboard section.

A provision of considerable importance in the conduct of hospital activities, in connection with which certain preliminary building work was carried out late in 1951, relates to the provision of refrigeration facilities at the morgue. Whilst at the end of the year the cork insulated compartment had been fitted with eight body cabinets, containing sliding trays, installation of the refrigeration equipment was still awaited. Availability of this much-needed facility early in 1953 is anticipated.

Early in the year, following a lengthy period of representations, the installation of a public telephone at the entrance to the institution was secured, and has been of great benefit to inmates, ambulatory patients and visiting relatives alike.

The complete renewal of the floors in "A" and "G" wards and in the weatherboard section of the Cancer Block, cement rendering and colouring of the northern wall of "G" ward verandah, provision of dissolvinator equipment at a distant unsewered staff cottage, and affixing of wall mirrors in the wash rooms in the main dormitory block in which the composition floors were also renewed, constitute other items which were attended to by the Department of Public Works during the year.

I again regret having to record the non-commencement, during 1952, of work involved in the Re-building Programme. The urgent and imperative need of new buildings—and services—in replacement of those which have, for so long, been noted for demolition is known departmentally.

Services.—Institutional services have been reasonably maintained throughout the year under notice. The need of new high-pressure boilers and steam reticulation services, with others embraced in the preceding paragraph, is pressingly urgent, as was indicated in the report for the previous year.

During 1952 improved lighting facilities were provided in offices of the chief and deputy chief attendant, the provisions, drapery and hardware stores, and in the sewing room, whilst the provision and electrical installation of a Demeo wood-working unit was effected in June of that year.

To meet present day requirements, an additional lounge room was provided for female nursing personnel at the Nurses' Home during the year, and, in October last, a need of long standing was satisfied with the installation, throughout the Cancer Division and in the general office, of an appropriate number of electric fans.

Entertainments.—The weekly cinema entertainment continued to provide considerable pleasure throughout the year, and were invariably well attended, by our inmate populace.

Fairly frequent Saturday night concerts, interspersed with periodical week-night variety entertainments, were provided during the year, and were much appreciated by the inmates. To the promoters and all members of such parties, who so attend, the grateful thanks of this administration is tendered.

As in past years, towards promoting a brighter Christmas-tide, donations in cash were made by such associations as the Australian Workers' Union, Waterside Workers' Union, Ex-Imperial Soldiers, Sailors and Airmen's Sub-Branch, and the N.S.W. Trainers' Association, to inmate members and ex-members of their respective organisations, representatives of which visited herein the near-Christmas period.

NEWINGTON STATE HOSPITAL AND HOME.

Annual Report for year ended 31st December, 1952.

Staff.

Medical Superintendent, J. McManamey, M.B., B.S. (Syd.); Deputy Medical Superintendent, Lottie Sharfstein, M.B., Ch.M.; Manager, Mr. V. Delaney; Matron, Miss A. Wilson.

Admissions and Discharges.

Inmates in institution on 1st January, 1952, 400. Admissions during year, 374. Discharges, 516. Died, 67. Remaining

Farm, Piggery and Vegetable Garden.—Notwithstanding the hopes expressed in earlier reports, the piggery buildings and services still remained unattended to throughout the year, and revenue, which could be secured with the re-commissioning of this unt, was lost to the State. Further, with the passage of each year, additional deterioration of the buildings, fittings, etc., must occur and give rise to added expense in repairs and renovations, etc., to be carried out before resumption of pig-raising activities is accomplished.

In connection with vegetable garden pursuits it is a most regrettable fact that, with the promise of a bountiful harvest before the end of the year, a most violent storm, accompanied by high velocity winds and large jagged hailstones, swept this district on 8th, November last, and the devastation it wrought in this hospital's vegetable garden, in respect of surface crops, was almost complete. The fact that almost 300 window panes in hospital buildings were smashed on this occasion is mentioned merely to afford some idea of the extraordinary severity of the storm.

It is fairly estimated that the loss in vegetable production for the year arising therefrom amounted to 11,000 to 12,000 lb.

The quantity of vegetables actually harvested during 1952 totalled 30,502 lb.

In the sphere of guinea pig raising, the introduction of young breeding stock in the spring of 1951 achieved the results anticipated, and, whilst a total of 608 animals were disposed of during the year—almost wholly to the pathological laboratory—the number on hand at 31st December, 1952, inclusive of brood stock and those available for disposal, approximated 500.

During the year a trial was made with the sowing to lucerne of about 1½ acres adjoining the vegetable garden, and surprisingly good results were achieved. Two mowings were effected prior to the close of the year, and though the initial cut contained considerable grass and weed growths, the second mowing was almost weed free. Estimated yield of this product for 1952 is 8 tons, which will be of great benefit in the feeding of the guinea pigs when natural herbage is unavailable during the dry summer months.

Gardens and Grounds.—Gardens and grounds were maintained in reasonable condition throughout the year though the rapid growth of paspalum, which abounds in this district, creates difficulties, at times, in maintaining all sections in a satisfactory condition.

RANDWICK AUXILIARY HOSPITAL.

Report for the Year Ended 31st December, 1952.

The following are the statistics summarising activities of this Hospital during the twelve months ended 31st December, 1952.

Staff, 1952.

Visiting Specialist Staff—

Ear, Nose and Throat Surgeon	1
Urologist	1
Thoracic Surgeon	2
Dermatologist	1
Orthopaedic Surgeon	1
General Surgeon	1
Consulting Physician	1
Anaesthetist	3
Radiologist	1
Refractionist	1
Ophthalmologist	1
—————	14

Medical and Clerical—

Medical Superintendent	1
Deputy Medical Superintendent	1
Medical Officers	3
Secretary	1

in institution at 31st December, 1952, 391. Average daily number, 414.

Hospital Division Statistics.

Beds available, 342; in hospital 1st January, 1952, 224; in hospital at 31st December, 1952, 231.

Clerks (male)	2
Office Assistant	1
Shorthand Writer and Typist	1
—————	10

Nursing—

Matron	1
Sub-Matron	1
Tutor Sister	1
Home Sister	1
Sisters, Theatre and Nurses (female)	76
Nurses (male)	19
Nurses (male or female—optional)	6
—————	105

Domestic Staff—

Wardmaids and Housemaids	37
Kitchenmaids	2
Kitchenmaid-Cook	1
Cooks	3
Kitchenman	3
Seamstress	1
Head Waitress	1
Cleaner (female)	1
—————	49

<i>Miscellaneous—</i>			
Outdoor Supervisor	1		
Male Cleaners—Cleaning in Wards	6		
Maintenance of Grounds, etc., including Flower Gardener	6		
Firemen	3		
Electrical Mechanic	1		
Store	1		
Handyman	1		
Painter	1		
Occupational Therapy	1		
Microbiologist	1		
Laboratory Assistant	1		
Dispenser (female)	1		
Dietitian (female)	1		
	25		
Total Staff, Full-time	189		
<i>Part-time Staff—</i>			
Radiographer	1		
<i>Visiting (General)—</i>			
Clergymen	2		
Total	206		

	Males.	Females.	Total.
<i>Indoor Patients—</i>			
Patients under treatment on 31st December, 1951	84	77	161
Admitted during 1952.....	87	64	151
Total treated during 1952	171	141	312
Died during 1952	19	18	37
Discharged during 1952	35	37	72
Total died and discharged, 1952...	54	55	109
Remaining in hospital on 31st December, 1952	117	86	203
Daily average number of resident patients	96	82	178
Average residence of discharged and deceased patients in days	331	463	396
Number of individuals who received out-door treatment .....	...	...	207
Total number of visits made by out- door patients .....	...	...	1,828
<i>Inmate Workers—</i>			
In Institution on 31st December, 1951	9		
Admitted during 1952.....	33		
	42		

Discharged during the year 1952	34	
Remaining in Institution on 31st December, 1952	8	
Daily average number	10	
General daily average number including workers	188	
Operations Performed—		
Thoracoplasty	7	
Phrenic Crush	56	
Bronchoscopy	85	
Abdominal and Pelvic	5	
Others (Major Operations)	2	
	155	
Minor Operations	84	
Total	239	
X-Ray Department—		
X-Ray Examinations	1,877	
Barium	6	
Screenings	461	
Films used	2,026	
Dental Films used	104	
	31 Dec., 1951.	31 Dec., 1952.
Staff Shortages—		
Nursing Staff.....	8	3
Domestic Staff	3	1
Miscellaneous .....	...	2
Dispenser	1	...

The undermentioned schedule illustrates the fluctuation in the number of patients in residence since the peak year of 1942 :—

Daily Average Number of Patients.

1942	200.2
1943	194
1944	185
1945	152.69
1946	123.9
1947	107
1948	115
1949	148
1950	152
1951	154
1952	178

WATERFALL SANATORIUM.

Annual Report for Year Ended 31st December, 1952.

Hereunder are particulars of the annual report from this Hospital for the year ended 31st December, 1952:—

1. (a) Number of beds available as at 31st December, 1952 :—

	Male.	Female.	Total.
Patients	178	127	305
Working Inmates	129	19	148
	307	146	453

	Patients.	Workers.	Total.
(b) Remaining in hospital on 31st December, 1951 ...	246	109	355
Admitted during 1952.....	261	361	622
Total treated during 1952	507	462	969
Number discharged during 1952.....	215	377	592
Number of deaths during 1952.....	29	3	32
Remaining in hospital, 31st December, 1952	263	90	353
Average daily number resident	261	98	359

Average residence of discharged patients in days...	363
Total cost of maintenance and treatment of Indoor Patients	£166,641
Average daily number of Inmates resident.....	359
Average cost per inmate	£464 3s. 4d.
Average daily number of patients resident ...	261
Average cost per patient	£638 9s. 5d.
(c) Outpatients or individuals who received treatment	40
Total number of attendances by outpatients	46

2. Staff as at 31st December, 1952 :—

	Posts.	Actually Employed.	Vacant.
Honorary Medical Staff	2	2	...
Medical Staff	9	7	2
Managerial and Clerical	3	3	...
Female Nursing	49*	41	8
Attendants	23†	23	...
Male Outdoor	42	38	4
Female Outdoor	15	15	...

* Authorised establishment is 49 but reduced to 43 by employment of 6 Attendants in lieu.
† Includes 6 Attendants employed in lieu of Nurses.

DAVID BERRY HOSPITAL.

Annual Report for the Year Ended 31st December, 1952.

	Male.	Female.	Total.
Indoor Patients—			
Patients under treatment on 31st December, 1951	7	10	17
Admitted during 1952.....	222	251	473
Treated during 1952	229	261	490
Died during 1952	12	10	22
Discharged during 1952	215	246	461
	227	256	483
Remaining in hospital on 31st December, 1952	2	5	7
Births during 1952	17	12	29
Daily average number of resident patients	6·7	5·9	12·6
Average residence of discharged and deceased patients in days	10·7	8·3	...
Total number of patients who received outdoor treatment			29
Working Inmates			Nil.
Operations Performed—			
Head, Face, Sinus, E.N.T.			21
Abdominal			41
Orthopaedic			9
Gyno. and curette			34
Dental			20
General			57
Minor			29
			211

X-Ray Department—		
Films used (including 46 Dental).....	430	
Standard Establishments.		
Medical and Clerical—		
Medical Officer (part time)	1	
Clerk (male)	1	2
Nursing—		
Matron	1	
Head Nurse	1	
Trained nurses	6	
Assistants in Nursing	3	11
Attendants—		
Indoor Attendants	2	
Outdoor Attendants.....	2	4
Domestic Staff—		
Wardmaids and Housemaids	5	
Housemaid Part-time cook	1	
Cook	1	
Laundresses	2	9
Total Authorised Staff		26

Staff shortages on 31st December, 1952 equals 1 laundress. It is not intended to engage a laundress at present. A Housemaid assists (3 days a week) in the laundry.

LEPER LAZARET.

Report on Leprosy in New South Wales for the Year Ended 31st December, 1952.

On 1st January, 1952, twenty-one (21) persons remained under detention at the Lazaret.

Two deaths occurred during 1952.

The total number of persons admitted since 1883, when patients were first received (though the notification of leprosy was first made compulsory and the detention of lepers provided for by law only towards the end of 1900), is 232. Distributed under nationalities, the account stands as follows at 31st December, 1952:—

	Ad-mitted.	Re-ad-mitted.	Dis-charged.	Re-patriated	Died.	Remaining in at 31 Dec. 1952
Whites, of European descent—						
New South Wales	...	1	...	...	1	7
Victoria
Queensland
Northern Territory
Western Australia	1
New Zealand	1
Fiji	1	...	...	...	1
England
Ireland
Scotland.....
Germany
Belgium
U.S. America
Greece	2
Malta
Sweden
France
Mauritius
Italy	1
India	1
Coloured patients—						
New South Wales	2	...	...	5
West Indies
India	1	3
China	1
Stralts Settlements
Java
New Caledonia
Pacific Islands
Egypt
Zanzibar
Syria

Thus the number remaining in the lazaret on 31st December, 1952, was 17 persons; 12 males and 5 females.

Appendix A shows particulars of each case under detention since the year 1912.

Every opportunity has been offered to members of the medical profession to visit the lazaret for the purpose of seeing such patients as were formerly under their care, or for study of the disease.

The following statements show the expenditure for the year, and the sources from which it has been defrayed:—

Statement showing the Working expenses of the Lazarets (for men and for women) at Litle Bay for the year 1952.

	£	s.	d.
Salaries	9,505	11	9
Provisions	4,525	0	2
Tobacco and comforts	490	2	10
Clothing	1,296	6	8
Fuel and light	736	15	8
Drugs, dressings, etc.	162	9	4
Miscellaneous	1,287	18	1
	18,004	4	6

Deduct amounts received in respect of maintenance, £4,785 11s. 4d., Nett cost, £13,218 13s. 2d.

Average number of patients resident, 17·4, being equal to an average of £759 13s. 11d. per inmate per annum in 1952.

In Lazaret on 1st January.....14 males, 7 females. Total, 21.

Admitted during the year

Died during the year

Discharged

Repatriated

Readmitted

Remaining in Lazaret on 31st December, 12 Males, 5 Females. Total 17.

STATISTICAL SUMMARY.

TABLE 1.—Summary of Expenditure—Randwick Auxiliary Hospital, Strickland Convalescent Hospital, Waterfall Sanatorium, State Hospital and Homes, Lidcombe, Liverpool and Newington and David Berry Hospital for the twelve months ended, 30th June, 1952.

Head of Expenditure.	Randwick.	Strickland.	Waterfall.	Lidcombe.	Liverpool.	Newington.	David Berry.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Salaries and payments in the nature of Salaries	87,030 18 6	10,310 15 10	71,239 2 6	192,269 16 1	86,281 6 9	63,182 5 5	13,082 13 8	523,396 18 9
Provisions.....	30,198 4 10	10,643 14 9	53,005 19 9	83,226 17 8	46,264 7 6	36,355 10 3	2,685 11 3	262,380 6 0
Drugs and Surgical Appliances, Dressings, etc.	6,293 5 9	80 6 4	5,300 17 3	11,459 4 6	8,198 14 3	1,923 17 0	1,293 16 5	34,550 1 6
Fuel, Electricity and Water ...	3,903 0 4	1,223 7 0	7,255 6 0	11,504 5 10	5,920 6 5	7,708 3 3	918 16 9	38,433 5 7
Domestic utilities, including laundry expenses, household linen, clothing, furniture, etc.	6,553 0 11	2,561 18 11	11,356 1 2	25,125 16 3	20,287 17 1	10,297 14 11	1,817 16 0	78,000 5 3
General Establishment	5,143 8 4	1,339 3 3	12,267 12 9	19,132 18 11	10,587 8 3	9,927 7 6	1,074 14 5	59,472 13 5
Renewals and renovations to buildings and plant	3,337 18 4	2,501 9 2	10,433 1 11	10,868 16 7	12,409 18 4	6,838 18 11	1,393 10 11	47,833 14 2
Gross Maintenance Expenditure	142,509 17 0	28,660 15 3	170,858 1 4	353,587 15 10	189,949 18 7	136,233 17 3	22,266 19 5	1,044,067 4 8
Collections for Sales, maintenance and payments by Commonwealth Government	1,312 18 2	11,637 12 11	2,118 12 6	123,244 3 3	67,784 17 5	46,391 19 8	1,628 0 0	259,118 3 11
Nett maintenance cost to State	141,196 18 10	17,023 2 4	168,739 8 10	225,343 12 7	122,165 1 2	89,841 17 7	20,638 19 5	784,949 0 9
Average daily population	167	78	361	1,166	698	409	17	2,896
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Average annual cost per patient on gross maintenance expenditure	853 7 1	367 8 11	473 5 10	303 5 0	272 2 8	333 1 9	1,309 16 5	360 10 5
Average annual cost per patient on nett maintenance cost to State	845 9 10	218 4 11	467 8 4	193 5 3	175 0 5	219 13 3	1,214 1 2	271 0 11
Average weekly cost per patient on gross maintenance expenditure	16 6 5	4 14 3	9 1 1	5 16 0	5 4 1	6 7 5	25 1 0	6 17 11
Average weekly cost per patient on nett maintenance cost to State	16 3 5	4 3 6	8 18 10	3 13 11	3 6 11	4 4 0	23 4 5	5 3 8
Capital expenditure not included in maintenance	43,833 3 1	2,218 16 2	11,377 14 5	104,061 3 8	5,519 2 0	18,193 14 2	.....	185,203 13 6

SECTION IV.

PATHOLOGICAL LABORATORIES.

REPORT OF THE DIRECTOR FOR THE YEAR 1952.

Director.—E. L. MORGAN, M.B., Ch.M. (Syd.) (commenced Long Service Leave 11th November, 1952, prior to retirement).

Acting Director.—Farquhar W. Fraser, M.B., Ch.M. (Syd.). Appointed to Acting Director as from 12th November, 1952.

Assistant Director.—Keith H. Grieve, M.C., M.B. (Syd.).

Medical Officers.—Stanley W. M. King, L.R.C.P. (Lond.), M.R.C.S. (Eng.); Stephen G. Mallarky, M.B., B.S., D.T.M. (Syd.); Margaret Addison, M.B., B.S.

Senior Microbiologist.—H. V. Justelius.

Microbiologists.—L. H. Snell, A.S.T.C., A.A.C.I.; W. Thompson; D. Croft, B.Sc.; L. F. Horton; John Brown, B.Sc.

Laboratory Assistants.—A. J. Williamson, J. Flynn, K. Fraser, D. Brown, J. B. Jones, R. F. Taylor, W. A. Bronkhurst (transferred Waterfall Sanatorium on 18th April, 1952), N. Martin, B. McDonald, G. Smith.

Clerical.—N. Seahill, J. Barrett, T. Pickard (part-time only; resigned June, 1952).

Attendants.—J. W. Foster, J. Fletcher, L. Hinds, A. V. Lynch, H. J. Moseley (retired 4th April, 1952), C. O'Donnell (commenced June, 1952).

Food Poisoning, Food Bacteriology.—A total of 123 specimens in cases of suspected food poisoning were dealt with and eighty-four articles of food (both preserved and unpreserved) were investigated for quality.

Tetanus.—Specimens were examined from nineteen persons suspected of Tetanus infection and in two of these cases Cl. Tetani was demonstrated in the Laboratory.

Soils and Waters.—This section of the work is increasing in both volume and importance. In all twenty samples of soils and 290 of waters (drinking and household supplies, swimming pools, etc.) were subjected to bacteriological investigation.

Milk.—The Milk Board submitted 3,373 samples for bacterial count and 450 for investigation of the presence of M. tuberculosis and B. abortus. Of the latter two were positive for M. tuberculosis and 113 for B. abortus. In no case was pasteurised milk found to contain either of these organisms.

Haematology, Histopathology, Biochemistry.—Each of these constitutes a major activity of the Laboratory and all three sections experienced a record year in 1952.

Accommodation.—Attention must be drawn again to the inadequacy of space in this Laboratory. The shortage of accommodation imposes a serious limitation upon efficiency and the problem of dealing with the ceaseless increase in the volume of work has now become a very serious one.

TABLE showing the Routine Examinations made for the various Branches of the State Department of Public Health, other Government Departments subsidised Hospitals, etc.

Sir,
I have the honour to present the following report on the work carried out in the Microbiological Laboratory during 1952.

The amount of revenue collected from charges for examinations, sale of media, etc., was £397 7s. 6d.

The number of laboratory examinations carried out during the year compared with those of 1951 shows the following variations:—

	1951	1952
General Laboratory examinations	63,848	78,504
Rats for plague	1,431	1,299
	<u>65,279</u>	<u>79,803</u>

This increase was due to the larger totals of Head Office submissions (21,669 as against 18,530 for 1951), to the Institution of the Meinicke Clarification and Scarlet Red tests in serology and to the much heavier volume of work carried out by the Biochemistry and Histopathology Branches, both of which experienced a record year.

Syphilis.—Tests concerned with the diagnosis of Syphilis include the Quantitative and Qualitative Wassermann Reactions, Kahns flocculation tests, the Scarlet Red and Meinicke Clarification reactions, as well as examinations for Treponema Pallidum. There was a slight decrease in the number of specimens handled, but the total number of tests increased by 1,200 to 54,536.

Gonorrhoea.—Total examinations for the diagnosis of Gonorrhoea remained approximately equal to those of the previous year.

Diphtheria.—The increasingly satisfactory position in regard to Diphtheria is shown by a further fall of about 25 per cent. in the number of swabbings submitted for investigation. In all 1,035 such examinations were made and toxicity tests for C. Diphtheriae were carried out in fifty-seven cases.

Malaria.—Of twenty-two specimens of blood examined for Malaria the parasite was detected in six. Several of these were known cases, and there is no reason to think that any were acquired locally.

Typhoid, Dysentery, Etc.—In all, 242 examinations for Typhoid and allied infections were carried out and organisms of the Salmonella group were recovered from seven persons. In each case the outbreak was strictly localised.

	Number of Examinations Comparative Statement.	
	1951.	1952.
<i>Department of Public Health—</i>		
Head Office Submissions	18,530	21,669
David Berry Hospital	36	25
Lidcombe State Hospital and Home.....	1,025	1,024
Liverpool State Hospital and Home	445	600
Newington State Hospital and Home	12	15
Waterfall Sanatorium	550	2,426
Medical Officer of Health, Metropolitan District	6	3
Medical Officer of Health, Hunter River District	2	1
Randwick Auxiliary Hospital (T.B.)	171	209
<i>Commonwealth Government</i>	1,348	1,708
<i>State Departments—</i>		
Agriculture Department .....	...	...
Education Department	8	11
Child Welfare Department	182	31
Government Stores Department	10	...
Milk Board	3,781	3,823
Police Department	114	204
Prisons Department	453	440
Railway Department .....	...	...
Miscellaneous Government Departments	31	42
<i>Private Practitioners</i>	10,321	13,274
<i>Public Hospitals and Institutions (other than State Hospitals)</i>	14,221	18,411
<i>Mental Hospitals</i>	8,679	10,354
<i>Municipal and Shire Councils</i>	165	254
<i>Rachel Forster Hospital</i>	3,758	3,980
Total Examinations (General)	63,848	78,504
Rats for Plague	1,431	1,299
	<u>65,279</u>	<u>79,803</u>

	Number of Examinations Comparative Statement.			Number of Examinations Comparative Statement.	
	1951.	1952.		1951.	1952.
A. MICROBIOLOGICAL EXAMINATIONS.					
1. Of materials from diseased persons and animals—			<i>Chemical Examinations—</i>		
Actinomycosis	7	5	Blood for Sugar	69	128
Brucella Abortus	32	49	Blood for Sugar Tolerance	215	515
Diphtheria Swabbings	1,372	1,035	Blood for Urea Estimation.....	189	190
Diphtheria Toxicity	53	57	Blood for Creatinine.....	22	27
Dysentery	64	73	Serum Acid Phosphatase.....	144	149
Gonorrhoea (smears and urine)	2,548	2,562	Blood for Cholesterol	61	178
Gonorrhoea (Complement Deviation Test)	1,578	1,483	Blood for Fibrin, Globulin, Albumen	168	819
Haemolytic Streptococci	134	161	Urines for Sugar	121	148
Hydatids (sputa, smears, etc.)	5	13	Urines for Urea	51	101
Hydatid (Complement Deviation Test) ...	38	57	Test Meal Specimens	442	419
Leprosy (Human)	126	120	Calculus	10	2
Malaria	26	22	Miscellaneous Chemical Examinations	506	1,472
Meningitis	11	9	Cell Counts	375	328
<i>Syphilis—</i>			Colloidal Gold Reaction	577	588
Wassermann Reaction	20,482	20,063	Protein, Globulin and Total Protein	425	448
Quantitative Wasserman Reaction	1,790	1,643	Takata Ara.....	213	169
Kahn	19,802	19,336	Chlorides	52	104
Spirochaetes	370	365	Miscellaneous Cerebro Spinal Fluids	30	102
Scarlet Red Flocculation Test	(Not done in 1951)	11,238	Faeces	287	218
Meinicke Clarification Test	(Not done in 1951)	1,891	Urine (General Examinations)	541	644
Tetanus	7	19	3. Of tissues for Histological Examination ...	2,981	3,191
Tinea (Monilia, etc.)	22	14	C. EXAMINATION OF PARASITES.		
Tuberculosis	1,140	1,082	Ecto-parasites (Fleas, ticks, etc.)	2	4
Typhoid (Widal Reaction)	64	66	Endo-parasites (Round and Flat Worms, etc.)	93	135
Typhoid (Urine, Faeces)	154	144	Protozoa .....	...	97
Typhoid (Miscellaneous Water, Milk, etc.)...	12	8	Insects (Flies, Mosquitoes) .....	...	...
Paratyphoid A and B	18	24	D. MEDICO-LEGAL EXAMINATIONS.		
Typhus (Weil Felix)	12	14	Examination of exhibits for Blood, Seminal Stains, etc.	126	226
Unclassified: "No growths" from pus, etc.	494	469	E. EXAMINATIONS OF SPECIMENS FOR PREPARATION OF VACCINES AND MISCELLANEOUS EXAMINATIONS.		
Vincent's Angina	40	25	Preparation of Autogenous Vaccines from sputa, urine, acne pustules, boils, wounds and other conditions	153	104
Rat Leprosy	1	2	Trichomonas	9	13
Glandular Fever (Paul and Bunnell) ...	66	63	Lotions and Mixtures .....	...	...
2. Examinations for Anthrax—			Utensil Swabbings.....	18	13
Human beings .....	...	...	Weil's Disease .....	...	...
Shaving Brushes, etc. ....	...	...	Miscellaneous (General)	16	21
Wool .....	...	...	Spermatozoa	6	4
3. Examinations of Materials, etc.	41	59		63,848	78,504
Chemical Closet Contents .....	...	33			
Disinfectants (Rideal Walker)	21	7			
Feathers .....	...	...	
Soil	14	20			
Waters	240	281			
Waters from swimming baths	6	9			
4. Examination of Foods for Bacterial Contamination, Bread, Ice-cream, etc.	52	84			
Milk samples submitted by the Milk Board for examination for Tubercle Bacilli and Brucella Abortus	472	450			
Milk samples for Bacteriological count submitted by the Milk Board	3,298	3,373			
5. Examinations for Food Poisoning	45	123			
B. PATHOLOGICAL EXAMINATIONS.					
1. Of animals—					
Mammals .....	...	...	
Fish .....	...	...	
2. Of body fluids—					
Blood for full and differential count	1,157	1,110			
Blood for sedimentation rate	14	11			
Miscellaneous blood examinations	109	264			
Blood Typing	9	11			

The following table shows the Rats and Mice destroyed and examined at Sydney and Newcastle during the year ending 31st December, 1952.

	1952 Sydney.				1952 Newcastle.			
	R.R. Rattus	Rattus Nor-vegicus.	M. Musculus	Total.	R.R. Rattus	Rattus Nor-vegicus.	M. Musculus	Total.
January ...	35	58	...	93	...	...	...	...
February ...	34	51	2	87	...	...	...	...
March	38	81	...	119	...	...	...	...
April	72	73	...	145	...	...	...	...
May	66	135	10	211	...	...	...	...
June	30	57	1	88	...	...	...	...
July	41	88	1	130	...	...	...	...
August ...	43	70	1	114	...	...	...	...
September	39	80	5	124	...	...	...	...
October ...	38	65	3	106	...	...	...	...
November								

The following table shows the Rats and Mice destroyed and examined at Sydney and Newcastle during the year ending 31st December, 1952.